CHEMIST & DRUGGIST

The newsweekly for pharmacy

December 5, 1992

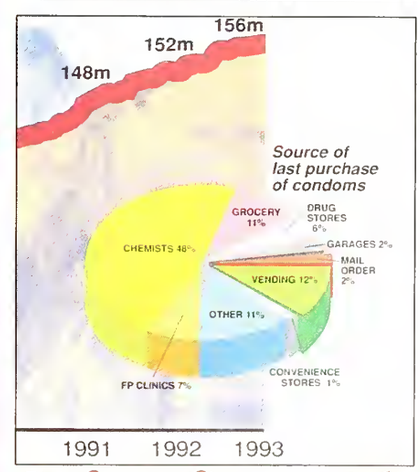
PAC endorse move from two tier fee

Rural victory in Winterton

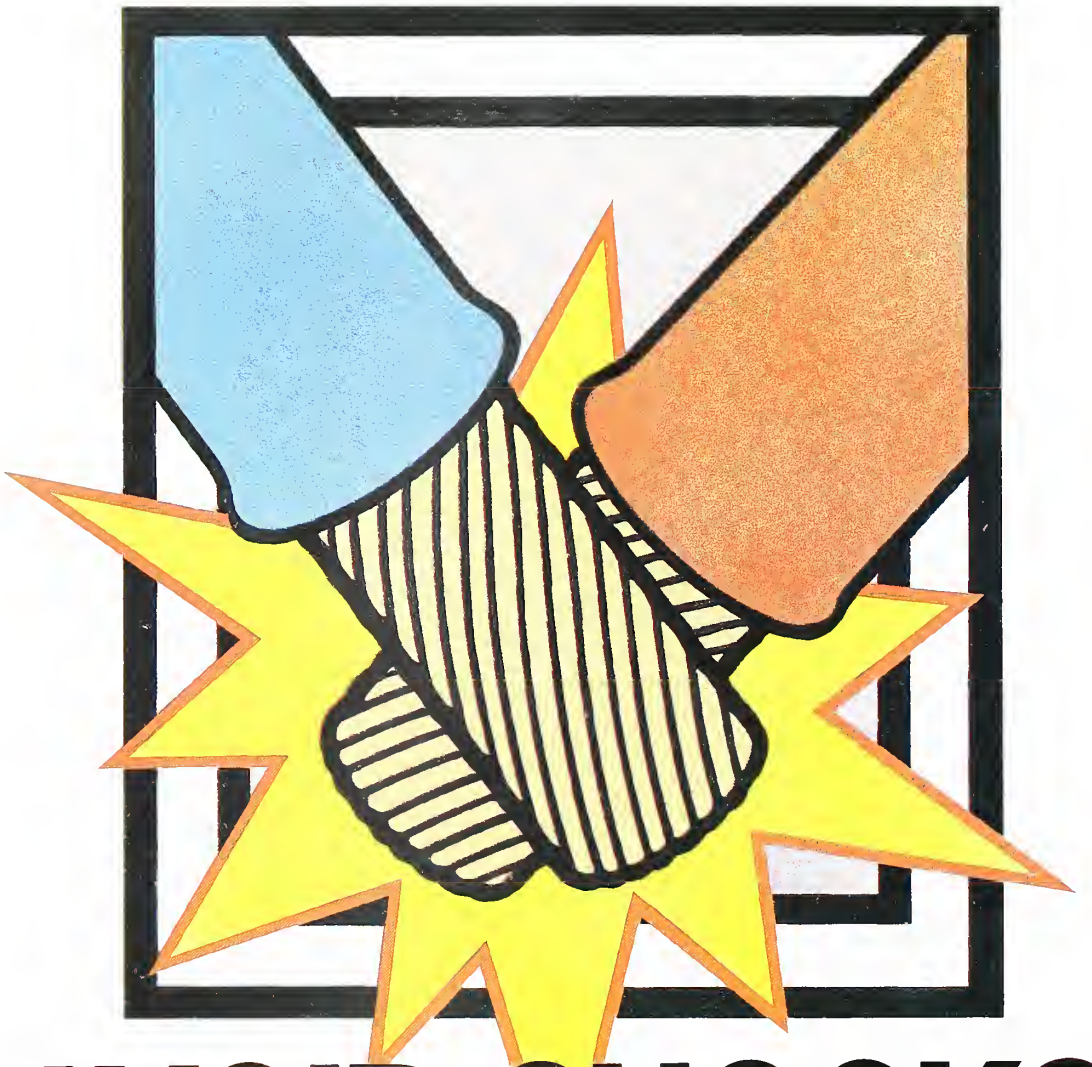
Update on renal dialysis and nailcare

Devon LPC quiz Sharpe on pay

Seton to buy Cupal for £8m



Safety first with contraceptives



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Comment

Christmas is coming, but this year the goose isn't getting as fat as many retailers would like. With consumer demand remaining sluggish for the third year in succession many retailers, including pharmacists, will be tempted by Sunday opening in an effort to boost trade. This year Boots are to open up to a third of their stores on the three Sundays in the run-up to Christmas.

But independent pharmacists planning to play this game need to keep their eye on the longer term consequences of such a move. The Government has finally announced its intention to put a Sunday Trading Bill before Parliament, though by all accounts it will be an uncharacteristically indecisive document. The choices on offer range from total deregulation — said to be favoured by Home Secretary Kenneth Clarke — through partial deregulation, to a very limited scheme indeed. Clearly, Mr Clarke is keen to avoid the humiliation inflicted on Douglas Hurd when he tried to pilot total deregulation through the Commons in 1986.

Since the *C&D* survey on Sunday trading in pharmacy (September 12, p450) the position of the profession has been clear: pharmacists are opposed to liberalisation by a margin of two to one. And it is not difficult to see why. Most proposals for reform carry with them the threat that pharmacies will be, in a practical sense, forced to open on Sunday as a defensive move against competition from retail multiples. For a large number of pharmacists this would be an unwelcome intrusion into the one day they can normally count on to enjoy family life.

Yet pharmacists, as professionals, would surely welcome the chance to extend the Sunday service they offer already to the community, both as health care professionals and as commercial retailers, as long as the legislative framework in which they operate offers them a genuine choice on opening Sundays.

Independent pharmacy has been all too aware of the apparent move towards mega-shopping complexes, where retailers both large and small are sucked into a single, gigantic shopping arena. However, recent research suggests that, for many, supermarket-type shopping is one of the most stressful experiences in modern life.

This refocuses the argument on the perennial ability of the independent pharmacist to provide a personalised community service, in future offering for sale and advice many more potent OTC medicines as Virginia Bottomley "puts her foot down" on POM to P medicines track.

It is the Government's own choice to introduce Sunday trading reform. But if all Mr Clarke is going to do is substitute one dog's dinner of a Sunday trading regime for another — and the danger is there — he should forget it!

PAC approves end to two tier fee

The Public Accounts Committee has endorsed the Department of Health's aim to move pharmacy contractors away from a two tier fee structure which "gives indiscriminate support to low volume, high cost pharmacies."

The Committee also wants the Department to make rapid progress towards extending the pharmacist's role and to monitor more closely the quality of pharmacists' work.

These are among the conclusions of a report published this week on "Community pharmacies in England" (House of Commons Paper 240, HMSO £9.75). The PAC made its views known after considering the report from the National Audit Office (*C&D* June 6) and taking evidence from the Department of Health (*C&D* July 4).

The conclusions are divided into four main areas: service to the public, access to pharmacies and pharmacists' remuneration, reimbursement of pharmacists, and their future role.

- **Service** The PAC welcomes the Department's research in May 1991 into consumer expectations of community pharmacists and notes the postgraduate training initiatives the Department has taken to improve the advisory service pharmacists provide.

"We consider that effective arrangements to ensure the quality of services are important for the protection of the public. We expect the Department to continue to strengthen this monitoring to gain greater assurance about the quality of community pharmacists' work."

The PAC stresses the importance of effective testing arrangements for medicines dispensed under the NHS and urges the Department to improve the present systems for collection and testing of drug samples.

- **Access and remuneration** The Department aims to provide the public with reasonable access to pharmaceutical services but feels unable to define "reasonable". In practice FHSAs approve applications for new pharmacies.

"We accept it is difficult to frame a precise definition but we consider that the Department should review the use made by FHSAs of their powers in this area." The Department would then be in a better position to decide whether FHSAs should be given clearer guidance.

The PAC endorses the aim of moving away from the existing two tier remuneration structure. "While some low volume pharmacies are needed to ensure an adequate service for the consumer, it is hard to justify supporting those which are close together and which add little to the accessibility of the service. We look to the Department to make progress on this as quickly as is practicable."

The PAC believes the DoH should use part of the money released by the proposed change in the remuneration structure to develop the essential small pharmacies scheme and improve the service in disadvantaged and under-provided areas.

The Department should also research the extent of poor access to pharmacies in urban areas such as housing estates and, if it finds a serious problem, introduce incentives to remedy the situation.

- **Reimbursement** Because of the potential savings, the PAC welcomes the DoH's initiative to speed up the introduction of generic and alternative proprietary drugs into the Drug Tariff. The PAC is also concerned that the Department may not be making a full recovery of the discounts allowed to pharmacists and it urges the DoH to carry out sufficient discount inquiries in future to keep pace with changes.
- **Future role** "Despite various proposals since 1979 to extend the role of pharmacists, we regret that only marginal additions have been made," says PAC. "The Joint Working Party has made a number of recommendations which have the potential to improve both the quality of service to the public and value for money. The proposals will need to be considered, but we look to the DoH to make progress quickly."

The Government is obliged to reply to the PAC's views within three months. Historically some 95 per cent of the Committee's recommendations have been accepted.

- The RPSGB has welcomed the call for early implementation of a wider role for pharmacists. However, the Society's Council says it recognises that the Department may have been thwarted in the past by lack of resources. The Council also welcomed the PAC's recognition that pharmacies which provide a necessary service must be protected from any restructuring of remuneration.

Bottomley adamant on drugs bill

A brake has to be applied to the soaring rise in the NHS drugs bill, Virginia Bottomley, Secretary of State for Health, has reiterated this week. "How can I ask staff to settle for 1.5 per cent, while letting the drugs bill grow around 12 per cent every year?" she asked medical journalists at a meeting on December 1.

Mrs Bottomley said she wanted 1993 to be a year for further progress for the health services, with more patients treated, waiting times cut and better quality services developed.

"The resources the Government is providing makes possible a significant increase in activity,

Selected list categories chosen due to varying price

The ten new categories for the Selected List were chosen because they cover a range of products at varying price levels and therefore offer scope for savings while enabling clinical needs to continue to be met.

That was the message from the Minister for Health Dr Brian Mawhinney, in answer to a written parliamentary question from Conservative MP Ann Winterton.

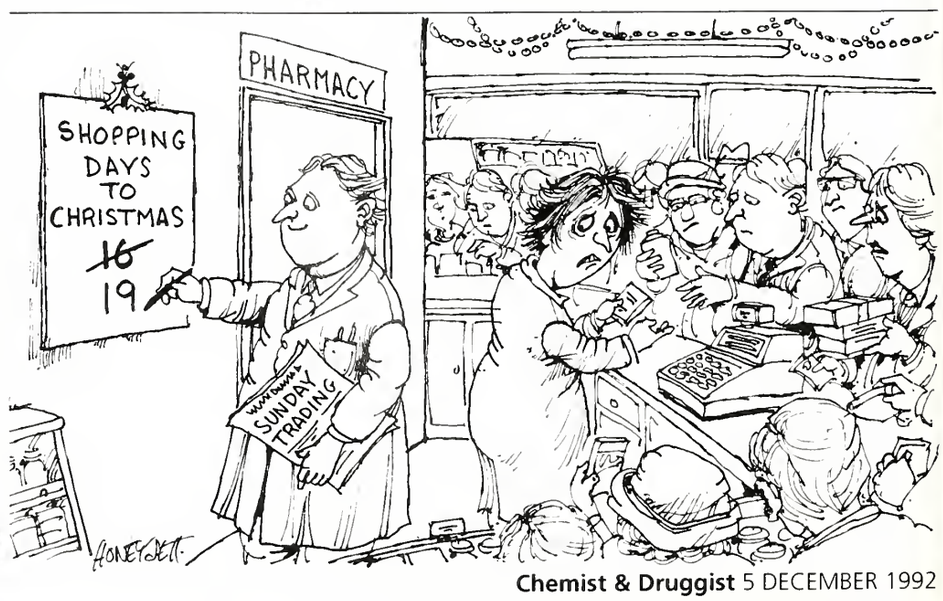
The Advisory Committee on NHS Drugs will be asked to take into account "the purpose for which the drugs are normally used as well as the indications for which they have been licensed," he said.

The review of the categories is expected to start "early in 1993" and Dr Mawhinney said he hoped that changes to the list of non-prescribable drugs would be made before the end of that year.

Changes to the Selected List have been the subject of a number of parliamentary written questions from Mrs Winterton and from Labour MP Tam Dalyell.

In his answers, Dr Mawhinney pointed out that the 1985-86 Selected List scheme saved £75 million on the drugs bill. The Government also believes it accounted for "significant savings" since then. Savings from the scheme's extension will depend on the Advisory Committee's recommendations.

When asked by Mrs Winterton if the Government would publish details of any changes in a consultation document, Dr Mawhinney said the Government intended to follow established procedures. Recommendations would be made by the Advisory Committee, and manufacturers would be able to have their say before the Committee makes its recommendations to the Secretary of State for Health.



but only if costs are kept firmly under control," she said. The NHS drugs bill is rising much faster than NHS costs and three times the rate of inflation. The major contribution of the UK pharmaceutical industry to the health and wealth of the nation was recognised, she said. Supporting the industry was a priority and one way that this could be achieved was through improving the efficiency of the Medicines Control Agency.

Mrs Bottomley said she hoped it would be possible to keep to voluntary arrangements in the renegotiation of the Pharmaceutical Price Regulation Scheme, which would be in the interests of all sides.

● Mrs Bottomley was a guest at an RSPGB Council dinner on Wednesday. Replying to her address, David Coleman, the Society's president and a member of the Advisory Committee on NHS Drugs, said as the Selected List is extended, all concerned wanted to be sure that a suitable range of medicines continued to be available within the NHS.

"We want to ensure that patients are not confused and that prescribers are well informed," he said. "We will want to be sure that pharmacists have adequate notice of changes that are to be made and that they do not find themselves with substantial stocks of products which they can no longer dispense."

Pharmacists accepted that the demand for services within the NHS would always outstrip the ability to resource that demand, he said. The cost of medicines was far from being the only factor.

Mr Coleman reminded Mrs Bottomley of the "considerable benefits" that have been obtained from new medicines. These were bound to be expensive because of the ever-increasing demands of the regulatory process.

Turning to potential POM to P switches, Mr Coleman said the Society recognised that this placed additional responsibilities on the pharmacist to ensure that the correct questions were asked and the patient received all the necessary information for the effective use of the medicine.

The Government's decision to postpone the introduction of nurse prescribing was one that the Society regretted, he said. He hoped the postponement would be brief, adding that it would be short-sighted to abandon the project or delay implementation any longer than was absolutely necessary.

Victory for Humberside pharmacists in Winterton

An application to open a pharmacy in the Humberside village of Winterton has finally been approved more than two years after the original application was made.

The situation was further complicated when Winterton's dispensing doctors set up their own company and applied for a pharmacy contract in opposition to the original one from Hull-based pharmacy chain Foster & Plumpton (*C&D* November 23, 1991).

Paul Bulmer, senior administrator (dental, pharmaceutical and optical) at Humberside Family Health Services Authority, said that the process had taken such a long time because of the number of appeals lodged at different stages.

The FHSA ruled that granting one or either of the applications would not prejudice the proper provision of general medical or pharmaceutical services in Winterton. An appeal on this point from the GPs was dismissed by the appeals unit.

The FHSA then ruled that it was necessary and desirable to have a pharmacy and upheld the application from Foster & Plumpton in preference to the one from the doctors' company.

Mr Bulmer explained that the doctors firstly appealed against the FHSA's decision to support Foster & Plumpton's application, and then against the decision not to support their own application. It was this last appeal that has just been dismissed.

On the "gradualisation" of the change of service, Mr Bulmer said that a period of four months, originally proposed by the FHSA, had been amended to six months following an appeal from the doctors.

Superintendent pharmacist with Foster & Plumpton, Geoffrey Barnett, said the company was very pleased with the outcome. "We think this is a fair decision but it is unfortunate that it has taken so long to reach it," he said. "Winterton has a population of around 5,000 people and is thoroughly deserving of a pharmacy."

David Newton, secretary of Humberside LPC, said the Committee was "delighted" with the result. "We're been battling for this for a long time," he said. "I think we've come to the end at last."

More details emerge on pre-reg exam

There will be no straight pass mark for the exam which preregistration graduates will take for the first time next Summer. Rather there will be rigorous pass criteria.

A detailed information pack has been sent to all candidates and their tutors. It includes the syllabus, which indicates what are regarded as "must know", "should know" and "could know" questions: the weighting of marks will reflect this.

The venues and dates for sitting the exam will be published before the end of January 1993.

Speaking after a meeting of the National Association of Pharmaceutical Officers last week, the RPSGB's Dr Robert Dewdney said that those who fail to meet the pre-determined pass and fail criteria next July will get a chance to resit in October without having to complete a further 39 weeks qualifying preregistration experience.

A failure in October will mean the graduate will have to wait until July the following year for before entering for the exam again. "If that is the case we would expect him to get more practice contact," says Dr Dewdney. He also warns that the pass criteria are likely to get tougher in future years.

The introduction of the exam has concentrated the minds of preregistration graduates, says Dr Dewdney. Concern over the input by tutors has risen. "Rarely a week goes by without a call from a prereg. Sometimes their expectations are too high, but often there is a grain of truth in what they are complaining about. Often we can improve matters," he says.

Guild condemns pay limit

Dr David Bird, secretary of the Guild of Hospital Pharmacists' section of MSF, has condemned the Government's 1.5 per cent pay limit for public employees as "a disgrace".

"Pharmacists and public health employees weren't responsible for getting the economy in a mess in the first place so I don't see why they should have a pay policy imposed on them," he said last week.

Hospital pharmacists had been in the forefront of increased efficiency in the health service and should be properly rewarded.

The Guild has still to finalise its claim for next year's pay, said Dr Bird. "We don't accept that we should be reduced to 1.5 per cent when inflation is so much higher. But we also have to be realistic about our ability to change the Government's mind."

The Guild is currently looking at non-monetary ways to improve the value of the claim.

MCA price freeze

The Medicines Control Agency is proposing to freeze all fees for 1993-94 provided licensing volumes remain as projected. The MCA says despite a rising workload, it has decided to make a "constructive contribution by not increasing the difficulties of the pharmaceutical industry at this time." More details next week.

Shortages...

Due to a shortage of supply the DoH has agreed to a concession from November 1 to December 31 allowing pharmacy contractors to endorse a supplier or brand name against orders for mefenamic acid capsules 250mg which are currently included in the Tariff Pt VIII.

EC agency

EC Internal Market Ministers have agreed to the setting up of an agency to co-ordinate, at EC level, the evaluation of new medicines. Harmonisation of pharmaceutical legislation was completed earlier this year, but the question of authorising individual medicines remains outstanding. The system of free movement of medicinal products should be operational by January 1995.

FHSA/DHA mergers

Welsh health authorities and FHSAs will merge within the next two years, Peter Crawley, director of the Welsh Association of Health Authorities and Trusts, has predicted.

Aromatherapy aims

The Aromatherapy Organisations Council has produced a leaflet setting out in detail what the Council is and why it was formed. The move is part of an aim to unify the profession and establish common standards of training.

Pre-reg examiner

Subject to approval by the Privy Council, the secretary of the Scottish Pharmaceutical General Council has been appointed as an examiner for the pre-registration examination in Scotland. The appointment is for a period of five years.

News

Strong primary care is key to NHS future

NHS services must become primary care led with the primary healthcare team not just the GP seen as the foundation stone, according to the National Association of Health Authorities and Trusts.

In a discussion paper, prepared by Chris Ham, professor of health policy and management at Birmingham University, NAHAT also calls for primary care led purchasing of secondary care.

The paper focuses on the role of district health authorities, family health services authorities, GP fundholders, and their relationship between each other.

It has been sent out to members of the Association for consultation.

NAHAT chairman, pharmacist Bill Darling, said: "If services are to be primary care led, supported as needed by secondary services, it is essential that DHAs and FHSAs together with NHS trusts and other provider units, GPs and other members of the primary healthcare team, work to a commonly-owned agenda.

"This discussion paper sets out a framework for developing such an agenda.

"We hope NAHAT's members will feel encouraged to put forward their views and comments to enable further development of these ideas to be achieved."

DoH announces new blood authority

The Department of Health has launched a national organisation designed to take charge of all blood supplies.

Called the National Blood Authority (NBA), it will plan and manage the blood services for England and ensure high standards of safety, quality and cost-efficiency, and will replace and co-ordinate the work of the Central Blood Laboratory Authority and the National Directorate of National Blood Transfusions Services.

The new Authority will also take control of the Regional Transfusion Centre which collects and processes the blood, once responsibility has been transfered from the Regional Health Authorities.

Sir Colin Walker, deputy chairman of the CBLA, will be the first chairman of the NBA.

'Specials' units under threat?

Sir Bernard Tomlinson is sympathetic to pharmacy's concerns about the closure of some London hospitals, which he has recommended.

He met representatives of the Royal Pharmaceutical Society last week, including the president David Coleman, the secretary and registrar John Ferguson, and the Guild of Hospital Pharmacists' president Ron Pate.

The Guild is worried about the effect on hospital pharmacists' jobs and on patient care if the Tomlinson report into London's health services is implemented. Sir Bernard was told of fears about the loss of major production units supplying "specials". St Bartholomew's has a large production unit, University College Hospital has important tabletting facilities and St Thomas's an R&D department.

Both St Bartholomew's and St Thomas's are under threat of merger with other hospitals.

Mr Pate said last week that Sir Bernard had not considered these issues before his report was published and was grateful that they had now been brought to his attention. The inquiry was a broad overview, rather than an in-depth look at all the specialist interests. The Guild is to compile a paper advising the implementation group about the key pharmacy issues involved.

- Last week's Guild Council meeting discussed continuing education at length and supported in principle the Society's proposed syllabus. The Guild is hoping to secure a minimum five days' study leave entitlement per year for hospital pharmacists, and funding for staff to cover for pharmacists attending courses.

Mr Pate said that education and training opportunities were starting to suffer as hospital budgets and manpower became squeezed. The Guild would continue to pursue the right to a study leave entitlement through the Pharmaceutical Whitley negotiations.

New guidance on safe disposal of clinical waste

The Health and Safety Commission have published new guidance on the safe disposal of clinical waste including used needles and syringes.

Aimed at those who manage the handling and disposal of such waste, it places more emphasis on the process of managing the waste including compliance with the Control of Substances Hazardous to Health (COSHH) and other health and safety requirements.

The document also draws attention to the duty of employers and managers to assess the workplace for risks to staff or third parties.

The new guidance comprises four parts:

- A general introduction to the principles underlying the relevant legislation and its requirements for the safe handling of clinical waste.
- Guidance on the assessment of the risks to health and the development of a suitable overall policy for such waste.
- More specific guidance on areas and activities which may need special consideration.
- Guidance on final disposal methods.

Appendices include a suggested job specification for a clinical waste control officer.

Copies of the document "Safe Disposal of Clinical Waste" (£4.50) are available from HMSO and through booksellers.

GP health promotion programmes from July '93

GP health promotion clinics are to be replaced from July 1, 1993 by structured health promotion programmes under a new initiative announced by Health Minister Brian Mawhinney.

The aim is to promote healthy lifestyles and prevent disease — targets set in the "Health of the Nation" White Paper. It has the approval of the British Medical Association and will be funded by refocusing existing resources for GP health promotion.

The programmes, which will include clinics, opportunistic screening and other approaches, will be in three bands to allow each practice to start at an appropriate level, then progress.

The bands are: 1 — to reduce smoking, 2 — to protect patients at risk from hypertension, or with established coronary heart disease or stroke and 3 — programmes offering a range of primary prevention of coronary heart disease and stroke.

News of pharmacy library reaches India

News of the health information library in the Kenyon Pharmacy in Stalybridge, Cheshire has reached India, resulting in a request for information from a company chairman.

Pharmacist Michael Johnson, who set up the library for the public and health professionals, (*C&D* September 19 p492), received a letter from Mr B. Patel, chairman of Cadila Laboratories in Maninagar near Ahmedabad.

In his letter, Mr Patel offered "hearty congratulations" on the library and asked for more information about the leaflets and videos on offer. Mr Johnson sent Mr Patel a library catalogue.

Since its opening, the library has generated a lot of interest, Mr Johnson said "The nurses think its great."

Mr Johnson has now applied to the local FHSA for funding.

Ozzie Logan (left), lately director of the NAPD (now BAPW), and managing director Don Mulholland toast 50 years of Graham Tatford over a copy of *The Times* from October 8, 1942, the date the company was incorporated

Surgichem support for Nomad users

Surgichem have set up a customer care department to support pharmacists operating the Nomad monitored dosage system.

Designed to maintain an on-going relationship with the company's 2,600 customers during the next six months, the department will check customers are making the most of the system, give them advice on operating procedures and gathering feedback for the company's development line.

The department, headed up by Anne-Marie Thurston and Kenneth Nelson, will also ensure complaints are dealth with promptly. A telephone helpline will be set up in the New Year.

Topical REFLECTIONS

Xrayser

N. Ireland Notebook

Four scripts make bank manager see red!

It must be the time of year: I am always anxious about matters fiscal in November. Last week my bank manager asked to see me for a "friendly chat".

He came quickly to the point. I was overdrawn without permission and his "friendly chat" suddenly took a more serious course, which was to tell me to get my affairs in order and to make sure I anticipated such cash flow problems.

I am — or was — happy with my accounting system and had felt that it was sensitive enough to anticipate such problems, so what had happened?

The answer was simple. I found that my £3,000 deficiency was due to the cost of only four prescriptions dispensed in September. Each cost over £850; one was for Fortum Injections, one for Erythropoietin Injections

I object to being used as the DHSS's banker — I cannot afford it!

and two were for a three month supply of special dietary supplements.

My wholesaler was paid at the end of October, but since reimbursement from the CSA was not due until the end of November, I was in the red.

This situation is particularly irritating since it is not of my making and it comes at a time when I am investing in Christmas stock.

High cost prescription items cost me money to dispense. My total payment for dispensing these four items will be less than the monthly charge for an overdraft of £3,000, let alone the bank arrangement fee!

I will never refuse to provide a patient with a medicine and I know that if I write to the CSA to complain the standard reply will be that this is a rare occurrence and there is no mechanism to accommodate it. The CSA will also quote the time honoured principle of "swings and roundabouts", ie where I lose in one place I gain elsewhere.

This implicitly suggests that I am being penalised because I have been overpaid in other cases.

Frankly this is not satisfactory. I object to being used as the DHSS's banker. I cannot afford it. May I be the first to wish you a happy and peaceful Christmas and a prosperous New Year.

Opting for a day of rest

Sunday trading has once again become topic of the month with the Government effectively admitting that the old law cannot be upheld and itself unwilling to introduce new legislation until the European Court has given its judgment in the New Year.

The opportunist hype of last year has been replaced by the concerted mass opening of most high street traders, supported by massive newspaper advertisements encouraging Joe Public to avail themselves of this increased opportunity to empty their wallets. The reality is that no more money will be spent but it will be spread ever more thinly across increased opening hours.

The result of all this marketing pressure is that I am an odds-on both ways loser. If I compete and stay open on a Sunday, then I lose a day off with my family and have to pay extra to staff. If I close I lose business. I cannot afford to do either, but since I already open 9am - 7pm Monday to Saturday including lunchtimes, and now have to make a choice, I intend to let the multiples fight it out, retain my well earned rest and remain closed.

Shopping around on private prescriptions

Last Friday the phone rang and a positive voice asked how much I would charge for one month's supply of Nicotinell. My answer was obviously unsatisfactory because the pack is still on the shelf untouched. The irony is that, whereas the patient can shop around for the best price on private prescription, when the same product is sold over the counter, resale price maintenance will apply.

I have always believed that the patient should be encouraged to treat medicines with respect and the enforcement of RPM on over-the-counter medicines is an important factor in maintaining that respect. Prescription medicines, however, have never been price maintained and private patients do shop around for the best price, treating their own dispensed medicines with less regard than a sack of potatoes.

This problem has also been compounded by the lack of guidance from the Royal Pharmaceutical Society and the tendency for some GPs to quote prices for private prescriptions to patients using MIMS trade prices as an assumed retail!

With the transfer of many more preparations to the NHS blacklist during next year this problem can only become worse. If the RPSGB feels unable to give pricing guidance to pharmacists perhaps the National Pharmaceutical Association should now talk with representatives from the Company Chemists Association and produce a voluntary recommended scale. I am sure the majority of community pharmacists would be delighted to receive and adhere to such guidance. What's more, the recommendation could then be passed to the editor of MIMS in order that a dispensing guide price could be published for use by GPs.

Prestige: an expendable luxury?

It is ironic that in the same issue in which David Horbury, general manager, Chemtec Systems Ltd, comments that fragrances have so far resisted the attentions of drug stores (*C&D* November 28) I also learn that the Monopolies and Mergers Commission are to commence a nine month long investigation into the supply of fine fragrances to the trade.

This investigation has been primarily at the instigation of Superdrug who are not hiding the fact that they wish to cut price fine fragrances. My satisfaction (*C&D* Oct 17) that they had had their guns spiked by the women's glossies refusing to run their advertisements was short lived and, in my area, has been overtaken by events with these perfumes being cut in some department stores as an inevitable reaction to both Littlewoods and Superdrug.

The writing could now be on the wall for this last bastion of pharmaceutical prestige and profitability unless the fragrance houses change their marketing policies. We live in an age where competition is god and exclusivity an ideological anathema. The fine fragrance houses have, however, aggravated their own situation by their insensitivity to the problems of many community pharmacies where the excessive range and minimum annual buying requirements have meant that many pharmacies have had to source on the grey market.

A change of policy to allow more pharmacies to stock a selected range with less capital investment, while still maintaining that necessary exclusive aura could, however, yet save the day because there can be no doubt that, despite the Superdrug claims and £30 million of refurbishment, once these fragrances are available in drug stores as of right they will be marketed like any other can of baked beans and prestige will quickly become an expendable luxury.

Counterpoints

Cow & Gate move into follow-on milks

Cow & Gate have decided to move into the follow-on milks market with the launch next January of Step-up.

Marketing director Niall Bowen said last week that the company was now satisfied that there was enough support from health professionals for follow-on milks, and over 80 per cent of mothers thought Cow & Gate should launch one to complement their infant formulas.

Step-up is a nutritionally more suitable alternative to cows' milk for use from six months to two years. It is fortified with iron and vitamin D for which cows' milk is a poor source. Cow & Gate believe it is suitable for when mothers are considering changing their babies to cows' milk after six months or for babies at risk of receiving a nutritionally deficient weaning diet, for example, vegetarians.

Step-up comes as a powder which is made up with boiled water (900g £5.29; 450g £2.79).

Cows' milk accounts for an average 55 per cent of milk usage in the 7-12 month age range so the company believes the opportunity to switch parents to using Step-up will present retailers with considerable new business. Cow & Gate hope to achieve a 20 per cent share of the follow-on sector by the end of 1993.

The launch will be backed by a £1 million information campaign to health care professionals and consumers. There will be seminars and lectures for the former, together with advertising in key medical journals and direct mailing to over 20,000 health visitors, paediatricians and dieticians.

Consumer promotion will include advertising in the parentcare Press, *She*, *Woman's Own* and *Essentials* plus the Bounty Infant Health and Food Guide.

Half a million sample sachets will be distributed through pharmacies, the company's babyfeeding information service and through Bounty packs. Existing Cow & Gate users will be advised of Step-up via underlid leaflets appearing with over 1 million tins of infant formula from January.

The new product will also be featured on rice and cereal packs. POS material for pharmacies includes question and answer leaflets, shelf talkers and window displays. **Cow & Gate Ltd. Tel: 0225 768381.**

New look Vantage uniform

AAH Pharmaceuticals have updated their shop dress, replacing the sash dress.

The new dress is semi-fitted with full length pleats. It is made of white polyester/ cotton, trimmed in the Vantage orange. **AAH Pharmaceuticals. Tel: 0928 717070.**

Fragrant additions

Cartier have extended their Panthere fragrance line with the addition of Mousse Parfumee and Eau Deodorante. The Mousse Parfumee (200ml £29) is a moisturising body mousse fragranced with Panthere. The Eau Deodorante (125ml £26) is a body spray. **Cartier. Tel: 071-493 6962.**

Aspro is 75 years old and to celebrate manufacturers Roche Nicholas are offering consumers a limited edition model vintage van. In the colour and style of the Aspro brand, the Ford van is expected to appeal to both adults and children. The offer is flashed on packs across the whole Aspro range. Roche Nicholas. Tel: 0707 328128

Tommee Tippee changing bag on offer

Jackel International have produced a leaflet for their Tommee Tippee range.

The booklet will be inserted in 250,000 specially flashed packs of Ultra Togs nappies. Special offers in the booklet include a Tommee Tippee changing bag (worth £15.99). Consumers can send for the bag for either £7.99 and five proofs of purchase or £12.99 and one proof of purchase. A cutlery travel set is available with three Tommee Tippee purchases.

The promotions will run until the end of March. **Jackel International. Tel: 091-250 1864.**

Vantage diarrhoea mixture

AAH Pharmaceuticals have added a diarrhoea mixture to their Vantage remedies.

The active ingredients in the mixture are sodium bicarbonate, sterlised kaolin and chalk. Recommended dosage is one 5ml teaspoon for over fives and half a teaspoon for age two to five.

Available at a trade price of £7.02 per dozen it retails at £1.15. **AAH Pharmaceuticals. Tel: 0928 717070.**

New look Balmosa

Pharmax Healthcare have repackaged Balmosa, the topical pain relief cream.

The new pack, with added emphasis on the cream's effectiveness for unbroken chilblains, has been launched with a specially designed counter display unit. The merchandiser will also hold the Raynaud's and Scleroderma Association information leaflets on the prevention and treatment of chilblains, produced in association with **Pharmax Ltd. Tel: 0322 550550.**

High C on trial

Fisons are promoting Sanatogen High C this Winter with a campaign entitled "Tastes terrific — try it". High C sample pots of seven tablets (£0.45) will be available until the end of February. A limited edition Christmas gift tag will accompany full-size 60s packs. **Fisons plc. Tel: 0509 611001.**

Wizard Matey is a new bubble bath for children with a colour changing formulation. From the makers of Matey, new Wizard Matey is an orange formulation which changes to purple when poured into warm water. Packaged in purple, it is aimed at children aged three to six. Sara Lee Household & Personal Care. Tel: 0753 523971

NEW FOR FLU.

EXTRA PARACETAMOL, EXTRA DECONGESTANT, EXTRA VITAMIN C

- Effective relief from flu symptoms.
- Soothing hot drink formula.
- Available only from the pharmacist.
- Extensive PR support.
- £4m TV advertising support across the Lemsip range.
- Contact your wholesaler NOW.

RECKITT & COLMAN PRODUCTS

SEND YOUR CUSTOMERS PACKING

Would you turn down savings of up to £300 off the cost of your next holiday?

Your customers won't either because collecting tokens from promotional packs of Sweetex will mean big holiday discounts.

Each pack could be worth between £50 and £125, so pack your shelves now with the number one sweetener!

4,000,000 PEOPLE SWEETEN WITH SWEETEX.

CROOKES Healthcare

Scholl take the shock out of sport

Shock absorbing insoles from Scholl are specially designed for use in sports shoes.

The dual layer insoles are made of Poron, said to absorb harmful shock to the foot generated by high impact sports such as running and aerobics. The top layer is perforated to allow air to circulate and keep feet cool and dry.

Shock absorbing insoles retail at £2.85 and come in one size only, which can be cut to fit. **Scholl Consumer Products. Tel: 0582 482929.**

Clearasil launch skincare campaign for healthy skin

As part of their "Clearer and Healthier Skin" educational campaign, Clearasil have launched the "Clearer Skin Guide", a new leaflet designed to help teenagers choose the correct Clearasil product to help prevent new spots, treat existing spots and soothe dry skin without causing spots.

The leaflet follows research by Clearasil among nearly 20,000 teenagers which revealed that 75 per cent are confused about suitable products for the prevention and treatment of spots.

The guide will be distributed to teenagers through the company's schools programme, promotional offers in teenage magazines and through selected stores in the UK this Winter. **Procter & Gamble (Health and Beauty Care) Ltd. Tel: 0784 434422.**

Gladiators host to promote Head & Shoulders

Head & Shoulders is to benefit from a £5.8 million advertising spend over the next 12 months.

Part of the campaign will also break with tradition by using Gladiators presenter Ulrika Jonsson to endorse the brand.

Scheduled to break in December, Head & Shoulders is also seeking opportunities to promote the new advertising strategy in-store, via a range of themed promotions. **Procter & Gamble (Health & Beauty Care) Ltd. Tel: 0784 434422.**

Night treats from Almay

Almay have added a range of four night treatment creams to their skincare portfolio.

Intensive Nourishing Night Treatment (for dry skin) is a rich moisturiser, said to be easily absorbed. Active Revitalising Night Treatment (slightly dry skin) is a light moisturising cream. Moisture Recharging Night Treatment (normal and combination skin) is a light, non-greasy cream. Effective Hydrating Night Treatment (combination and oily skin) is a light, oil-free cream.

All four creams contain sodium hyaluronate, unitrienol, ajidew and allantoin (except Effective Hydrating treatment). They retail at £7.95 each (50ml). For the launch they will be available at a special price of £6.95. **Sara Lee. Tel: 0753 523971.**

Sudocrem put to test

Pharmax Healthcare are introducing a specially designed display unit to encourage trials of Sudocrem baby lotion.

The unit incorporates a pump dispenser 300ml bottle of Sudocrem so consumers can test the product before purchase. Pharmax representatives will be visiting pharmacists with the unit this month. **Pharmax Healthcare. Tel: 0494 711228.**

On TV Next Week

GTV Grampian
B Border
BSkyB British Sky Broadcasting
C Central
CTV Channel Islands
LWT London Weekend Television
C4 Channel 4
U Ulster
G Granada
A Anglia
TWS South West
TTV Thames
TV-am Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Actifed:	ITV
Askit capsules:	STV, C4
Beechams:	All areas
Colgate toothpaste stand-up tubes:	All areas
Duracell:	All areas
Hill's Balsam:	G, Y, TT
Rapeze:	All areas except C4, TV-am
Seven Seas cod liver oil:	All areas
Sudafed:	ITV
Wrigley's Extra and Orbit:	All areas

Plant a tree with AAH

AAH Pharmaceuticals are running a special offer in conjunction with Sterling Health.

When customers order any four packs of Andrews Antacid, a tree will be given on their behalf to a tree planting programme and they will receive a souvenir certificate. In addition, for every tree planted on the customer's behalf, Sterling Health will also plant a tree.

Customers can also buy a tree for £1.65, from a choice of four varieties. **AAH Pharmaceuticals. Tel: 0928 717070.**

Fragrant carpets with Orbit

Starman have introduced two more products to their Orbit carpet freshener range.

Pot Pourri and Pet Fresh come in 350g and 700g containers. The Pet Fresh variant contains antibacterial ingredients. **Starman Toiletries. Tel: 061-725 9709.**

Soap additions at Droyt's

Droyt's have added the Craft Collection of soaps to their range.

Available in a choice of classic rose, eau de cologne, green and unperfumed variants, the glycerine soaps come packed in boxes (£1.25 each). **Droyt Products Ltd. Tel: 0257 262165.**

Radox herbal bath salts now come in refillable containers for the new Active Therapy and Moisturising & Foaming variants. The plastic container features a spout for pouring and a wide hole for easy refilling. The new packs reflect the relaunched packaging and retail at £1.99 (600g). Radox will be supported by a £4.2 million national television campaign. Sara Lee. Tel: 0753 523971

Scriptspecials

Orelox — a new third generation oral cephalosporin

Orelox (cefpodoxime proxetil) is a new third generation oral cephalosporin from Roussel Laboratories. Each Orelox tablet contains 100mg of cefpodoxime in the form of a prodrug.

Cefpodoxime is active against a wide range of Gram-negative and Gram-positive organisms such as *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Klebsiella pneumoniae*.

Following oral administration, Orelox is taken up by the gastro-intestinal wall where it is rapidly hydrolysed to cefpodoxime which is then absorbed systemically.

Cefpodoxime's mechanism of action is based on inhibition of cell wall synthesis and the compound is stable to numerous beta-lactamases. The company say the twice daily dose should improve compliance.

Product licence holder Roussel Laboratories Ltd, Broadwater Park, Denham, Uxbridge, Middx UB9 5HP

Presentation Biconvex cylindrical tablets which on breaking show a pale yellow core surrounded by a white film coating, containing 130mg of cefpodoxime proxetil (which is equivalent to 100mg cefpodoxime)

Indications Treatment of upper and lower respiratory tract infections

Dosage Sinusitis: 200mg twice daily. Other upper respiratory tract infections: 100mg twice daily. Lower respiratory tract infections: 100-200mg daily, dependant on the severity of the infection. The tablets should be taken during meals for optimum absorption.

Contra-indications, warnings etc Hypersensitivity to cephalosporin antibiotics. Use in children under 15 not recommended. Safety during pregnancy has not been established. Antibiotics should always be prescribed with caution in patients with a history of gastro-intestinal disease, particularly colitis

Side effects Gastro-intestinal disorders such as diarrhoea, nausea, vomiting and abdominal pain

Storage Store below 25C

Legal category POM

Packs Blister packs of 10 (£9.50 basic NHS)

Product licence number 0109/0231

Issued November 1992

APS ketoprofen

APS have extended their range with Ketovail, controlled release capsules containing ketoprofen. The two presentations are 100mg × 56 (£16.14) and 200mg × 28 (£16.41). **APS Berk Tel: 0532 380099.**

Du Pont ketoprofen

Du Pont Pharma Multi-Source Products have introduced a controlled release formulation of ketoprofen. Ketoprofen CR Du Pont Pharma will be supplied in blister packs of 56 × 100mg and 28 × 200mg capsules (both £15.95). Orders and inquiries on Freephone 0800 289049. **Du Pont Pharmaceuticals Ltd. Tel: 0462 482648.**

Lagap lactulose

Lactulose solution is now available from Lagap in 300ml (£2.20 trade) or one litre (£7.35) opaque plastic bottles with a Viskring tamper evident seal. **Lagap Pharmaceuticals. Tel: 0420 478301.**

New from Norton

Norton have launched two new products. Fenbufen capsules 300mg × 84 (4 × 21 calendar pack) £19.61; doxycycline capsules 50mg × 28 (2 × 14 calendar pack) £7.74. **H.N. Norton & Co. Tel: 0279 426666.**

Medical Matters

Feldene Melt: a new generation tablet

Imagine a wafer-light tablet which melts almost instantly when placed on the tongue. The possibilities for improving patient compliance are obvious.

This is a description of R.P. Scherer's novel drug delivery system, which has been used for the first time in the UK in Feldene Melt, (**Script Specials**, Oct 3).

The delivery system is a water-soluble matrix of saccharide and polymer which is freeze dried, forming a porous structure which saliva can easily penetrate. The active drug is incorporated during the process of manufacture.

The resulting tablet is very different to a sublingual tablet. When Feldene Melt is placed on the tongue, piroxicam distributes into the saliva, and passes to the stomach within five to ten minutes. There is no advantage in taking the tablet with water.

Pfizer say Feldene Melt has the same efficacy, tolerabilty, bioavailability and side effects as other oral Feldene formulations.

It is anticipated that it will be given to new patients, and those who are being switched from one anti-arthritic to another. There will be, however, no advantage in switching those who are happily stabilised on another Feldene formulation.

Information leaflets and placebo tablets will be available to help pharmacists educate patients. It is particularly important to emphasise that the foil blister should be peeled back, rather than attempt be made to push the tablet through.

● Scherer are investigating other pharmaceutical compounds for the delivery system. Its limitations are said to be very bitter drugs which cannot be taste-masked; drugs where a high dosage is required; and drugs which require freeze drying at a low temperature, which is uneconomical.

Angina: sprays or tablets?

Glyceryl trinitrate (GTN) sprays for the short-term prophylaxis and relief of angina offer few advantages over sublingual tablets, says the latest *Drug and Therapeutics Bulletin*.

The *Bulletin* concludes that sprays are no more effective than tablets, and there is no convincing evidence that they act significantly faster.

Each spray costs several times more than 100 tablets of GTN. And even though the tablets should be renewed every eight weeks (while the spray lasts at least two years) tablets still work out cheaper for all but the most infrequent users.

However the *Bulletin* adds that some patients may find a spray easier to use — particularly those who have a dry mouth or who find it difficult to open a bottle or pick up small objects.

The longer shelf life of the spray is also an advantage for those who need to have GTN by them, but who do not need to use it often.

Survey finds GPs lack knowledge of hepatitis

There is a need for further education of doctors about viral hepatitis and its treatments, according to the results of a survey of over 200 GPs. The survey, carried out on behalf of the British Liver Trust, also indicated a fundamental lack of knowledge about the severity of the hepatitis C virus.

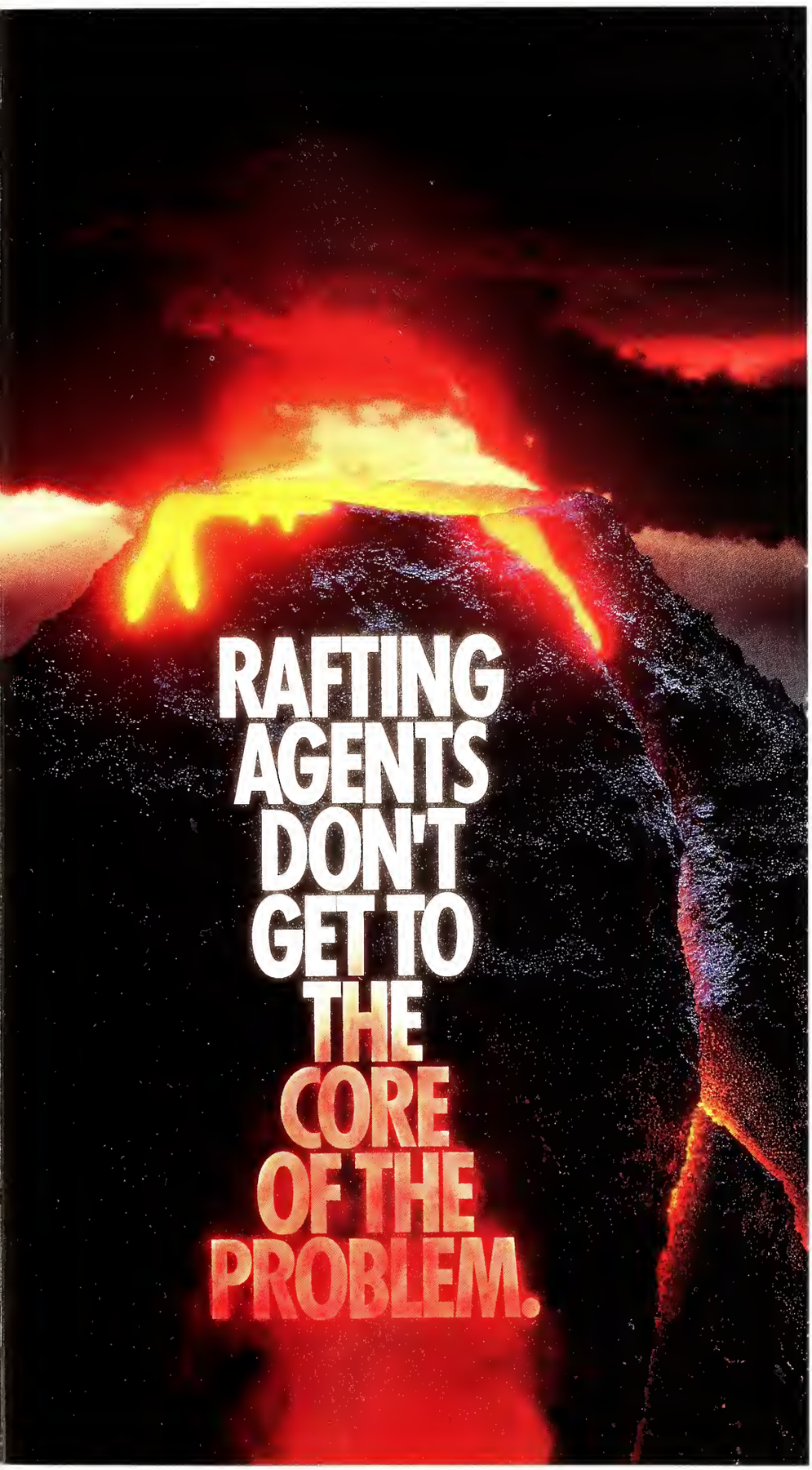
The number of people in Britain suffering from chronic hepatitis C infection has been estimated at between 50,000 and 300,000, but despite this 80 per cent of doctors surveyed thought that no patients with hepatitis C went on to become chronic sufferers.

In fact, experts have estimated that more than 60 per cent of patients will become chronic sufferers.

Over one third (40 per cent) of the doctors who took part in the survey did not know which groups of people were particularly at risk from hepatitis C, and 74 per cent said they didn't know what treatments were available.

The survey discovered a similar lack of knowledge about hepatitis B. Almost half of the GPs questioned said they did not know what treatments are available for hepatitis B and 20 per cent didn't think any treatment was available.

Only 12 per cent of the GPs mentioned interferon, which is the recognised therapy for many patients with chronic hepatitis B infection.



Unlike rafting agents, Asilone neutralises excess acid, the cause of indigestion and heartburn.

The balanced formula of Asilone Liquid provides triple action: quick and lasting relief of indigestion, heartburn and wind (Asilone contains dimethicone, an effective treatment for flatulence). By contrast, rafting agents and many antacids offer little relief from wind.

Asilone is also extremely low in sodium which makes it suitable for people on low-sodium diets – unlike most rafting agents and many other antacids.

These are some of the reasons why doctors prescribe Asilone. And why you should recommend it for indigestion, heartburn and wind.

Asilone®

Available only from pharmacies.

Relieves the symptoms by treating the cause.

CROOKES Healthcare

Asilone Liquid. Each 5ml contains dried aluminium hydroxide BP 420mg, light magnesium oxide BP 70mg, activated dimethicone 135mg
To obtain a free sample and a comprehensive Professional Guide, write to: Asilone Information Pack, PO Box 12, Nottingham NG7 2GB

Letters

Come North to dispel boredom

I wish to comment on the meeting between the PSNC and LPC secretaries. As with most other contractors I think what has been disappointing has ben the length of time it has taken to get an agreement. Other professions seem to get theirs sorted out much sooner. Planning ahead can be difficult when negotiations are so protracted.

With the country in such a grim economic condition we can have little complaint with the new terms of remuneration, although perhaps many contractors won't agree with this sentiment.

Mr Sharpe said that his negotiating style was one of developing close, first-name personal relationships with ministers and officials, but that he could be rude in a one-to-one situation with LPC secretaries etc! No doubt he does get provoked at times, but I think more of the former style with fellow pharmacists might be a better course of action.

Also he said that pharmacy was the most boring profession he knew of. I can only suggest that he makes a visit to "Bonny Barnsley" and I will try to show him how pharmacy is the least boring of professions. I find it very satisfying. So come North, David, and hopefully, we will change your mind.

Donald Wood
Barnsley

Penalty for providing the service required

Having studied the PSNC's "NHS Remuneration 1992-93" green sheet in detail I couldn't help being intrigued by the footnote:"New fees applying from November 1, 1992, are given. The fees effective up to October 31, 1992, are shown in brackets."

I already thought I understood the implications of the professional fees "increase", but what about my rota and urgent fee back-pay from April?

Mr Mike King of the PSNC informed me that there would be no back-pay as the so called "overpayment" applies to these fees as well! Well, that's the sort of reply I have come to expect from the PSNC. Those of us prepared to dispense urgent prescriptions at weekends and evenings and who put on rotas to cover evening surgeries are to be penalised further.

The new rates are already six months late so the annual "increase" has been diluted to 18 months regardless of the clawback. I would like to see a third entry against each fee on the chart, ie just what we would have been paid excluding deductions for overpayment. Then we could all see just what we are worth in 1992-3 without having to peer through the muddy waters of clawback, core income and settlements, global sums, core gross profit trends, income changes by contractor group, forecasts and the like. (*C&D* November 21 p930.)

It is time we gave a single directive to the PSNC to settle for nothing less, and I mean nothing less, than individual contracts. We should be paid for the services we supply and reimbursed fully for the expenses we incur. Why should we be penalised for obtaining stock in short supply from our third supplier at a loss?

Why should I turn out on a Sunday or in the middle of the night for an 18 month old fee and then be told we've dispensed too many prescriptions. The "averaging" has got to stop. The on-cost is to disappear but not the discount! The PSNC has got to have the bottle to stick out for a realistic basic practice allowance plus a fee per item regardless of the number of scripts we dispense, and full reimbursement for drugs we supply.

Stephen Yates
Grantham

Monitoring concern

From the onset of the introduction of the first monitored dosage system into retail community pharmacy over two years ago by the largest multiple, I have expressed continued public concern at the non-reimbursed financial implications and costs to chemist contractors in general, and to the smaller independent operators in particular.

I am on record as stating that it was, in my opinion, an attempt by the large multiples to stabilise their shrinking share of the NHS prescription market. This has been proved to be the case, as the latest figures show their share increased to the detriment of the independents.

Chemist contractors being forced to use these systems just in order to retain their prescription volume are beginning to realise what a lot of busy under-remunerated fools they have become! The physical side of dispensing using these systems can take upwards of six times as long.

In the Wolverhampton area, as an integral part of the continuing home registration, every home will shortly have to adopt one MDS in the near future. So, locally, nearly 80 homes are to be "forced" into using such a dosage system.

From a survey in the June edition of *Caring Times* (which shows the total time spent dealing with drugs per week traditionally is 56 hrs 45 mins, compared with using an MDS at 21 hrs 55 mins — which equates to £18,021 and £7,003 in nursing costs respectively) it is very evident where all our efforts are going: into the pockets of the owners of homes! The savings for an average home transferring over to an MDS are in the region of £11,000 annually.

With the continuing reduction in all chemist contractors' remuneration, is it not time for the factions on our negotiating committee to unite as a single force, and formulate positive action so that part of these homes' savings be transferred into community pharmacy to enable our profession to improve its extended role and domiciliary services.

David Thomas
Wolverhampton

Doctored pharmacies

When I see that the British Medical Association has just approved the principle that doctors may own pharmacies, I wonder how this will conflict with section 9.1 of our own Code of Ethics, in view of the blatant commercialism involved. Section 9.1 refers to the avoidance of possible compromise of our professional independence.

A few years ago, however, the Society's Council of the day, while revising the Code of Ethics, and presumably with public safety in mind, incorporated a new clause permitting pharmacists to be employed as dispensers in doctors' surgeries. These premises would usually be in town centres, and where the doctor held the contract for pharmaceutical services and not a pharmacist — a situation that may surprise more urban pharmacists. The clause will now also permit any doctors' practice anywhere to open or buy a pharmacy and employ a "tame" pharmacist.

If the decision to incorporate this clause was crass from the profession's long term point of view, the BMA's action is potentially damaging indeed. Unless the Society takes steps now to stop pharmacists being subordinated by doctors like this, the pressures and possibilities for abuse of such an arrangement are obvious.

There is already a worrying trend, started by one or two public companies owning pharmacies, of subcontracting the dispensing role in high prescription dispensing doctor practices. The doctor again retains the NHS contract and the responsibilities, and keeps the professional dispensing fees! It is difficult to imagine a worse case of mutual opportunism.

This is a scandalous state of affairs and it all stems from that ridiculous clause in our Code of Ethics, though strangely it does not seem to appear in the publication "Medicines, Ethics and Practice" which we receive from the Society. If we cannot get the clause deleted and soon, then the situation will get worse and who knows, perhaps we will become a fully employee profession, working either for the government, a public company or for doctors.

Perhaps as an alternative, if the Council show intransigence in the matter, they could incorporate a new clause permitting pharmacy companies to employ doctors to sit in dispensaries, writing scripts to overcome POM restrictions.

Peter Clarke
Dorchester

Portents for the future?

Are there portents for the future or a return to past, pre-NHS days? An increase in doctor's surgeries with their own budgets under the new NHS conditions means a move away from the previous accepted ideal of health centres. This increase in strategically placed surgeries can lead to demand for dispensing facilities and a desire by pharmacies to move near by.

The Government in its desire to cut the drug bill increases the blacklist, but also the pressure to buy cheaper imported or generic medicines. Will this lead to a reaction on the part of the public to castigate NHS medicine as cheap medicine and consciously or unconsciously seek the "better" private medicines?

This is reminiscent of pre-NHS days where the rivalry between doctor and pharmacist led to the saying: "the doctor charges for his prescribing but gives the medicine free; the chemist gives his advice free but charges for the medicine". The new NHS sees the end of the patient as a priority, rather a statistical financial unit!

Mervyn Madge
Plymouth

RAP-EZE IS BACK ON THE BOX.

Britain's most refreshing indigestion remedy is being acked by heavy-weight advertising again this December.

This seasonal TV campaign will cover the whole f the UK and bring Rap-Eze to the attention of indigestion ufferers in the lead up to Christmas.

Four fruity flavours now in three handy sizes.

n response to growing public demand from loyal Rap-Eze users, we've introduced a new Assorted 60's pack to complement the existing 8's and 32's packs.

This means more choice for them and more opportunities for you.

Make sure you've got plenty of Rap-Eze on display, your customers will be looking for it.

ROCHE NICHOLAS
CONSUMER HEALTHCARE

Roche-Nicholas Consumer Healthcare, P.O. Box 8, Welwyn Garden City, Herts., AL7 3AY Tel. 0707 328128. Rennie and Rap-Eze are registered trademarks

A fragrant world

Sarah Robey, group managing director of the Yardley Lentheric Group, examines international differences in perfume retailing and asks what lessons can be learnt

While the shrinking world has created a greater awareness of and demand for international brands, local and cultural differences continue to assert themselves within the fragance market, as national and individual identities demand recognition.

Manufacturers bringing a new product to an existing market or an existing product to a new market have to strike a balance between offering international appeal and acknowledging local cultural differences.

The image factor

Any FMCG products developed for multi-market distribution must offer consistency of brand imagery, product quality and presentation.

Particular care needs to be taken with the use of language, colour, brand names, product names and promotional imagery to ensure that nothing about the brand is likely to cause offence.

Recent market research conducted by the Research Institute for Applied Esthetics Research, in conjunction with Haarman and Reimer, particularly into the male fragrance sector, identified basic personality dimensions including extroversion, introversion, stability, ambivalence, desire for sensation and stimulation, attitude towards social life, lifestyle and fashion-consciousness.

Visual aesthetic dispositions were determined on the basis of colour and shape tests, while test subjects were also asked to describe their ideal fragrance, allowing the identification of both country-specific and pan-European fragrance factors.

North south divide

Country-specific psychological research results identified a north-to-south (Britain to Spain) shift in male fragrance preferences. Fresh Fougere notes tend to be favoured by the extroverted southern Europeans of France and Spain. The northern Europeans — British and Germans — show a preference for stronger oriental-spicy notes, as does Italy, despite being southern European.

Yardley English Lavender offers an interesting example in the light of these regional and cultural differences.

In the UK it is predominantly considered as a "safe" gift purchase due to its popularity among older women. Priced in the mid-market, it is retailed through Boots, independent pharmacies, and selected department stores.

In France, however, Yardley English Lavender has a

Continued on p1016

A French pharmacy's display for Yardley English Lavender

SOOTHE AWAY SORE THROATS

SUGAR-FREE

Labosept pastilles

(Dequalinium Chloride B.P. 250 micrograms per pastille)

Long acting relief for mouth and throat infections

Laboratories for Applied Biology Ltd
91 Amhurst Park, London N16 5DR
Telephone 01-800 2252

Continued from p1014

well-developed male usage, an aspirational image and is sold through upmarket perfumery shops. Seen as representing classical British values and endorsed by its Royal Warrants, it has considerably higher price points than in the UK.

In Latin America, where cultural character is distinctly southern European, English Lavender is perceived as a masculine brand too, supporting the theory that "southern" men prefer lighter, fresher fragrances.

Total synergy

Successful fragrance brands offer total synergy of product image through brand name, fragrance type, packaging colour and style, price, promotion, image and distribution.

A successful fragrance is likely to be one supported by imagery that is perceived to enhance psychological well-being and make the wearer "feel good" about themselves.

A person's choice of fragrance, while it can be a very emotive and individual expression of their deeper characteristics, can also allow them to be perceived by others in a way which corresponds to the image of the chosen fragrance.

The elements of mystique attached to different perfumes, the wide variety of choice, the different reactions to different skins, especially over time, and the complexity of a perfume's composition, can make the selection process very intimidating.

A key issue is to assist consumer choice, without destroying the mystique surrounding individual fragrances, yet still managing to overcome the limitations imposed by the self-selection environment.

UK marketing

In the UK, mid-market fragrances are sold through department stores, national pharmacy chains, drug stores, pharmacy multiples and independent pharmacies. Products tend to be packed in rows among competitive brands in an attempt by retailers to maximise product profitability. Smaller independent pharmacies suffer from additional space restrictions. In both cases, the opportunity for marketeers to offer evocative support materials, highlighting perceived psychological benefits and brand desirability, and to improve image at point of sale, is inhibited.

Fragrance, however, is unlikely to be successful if displayed in the same way as commodity items such as nappies and sanpro!

Attractive, image building and informative displays, even in self-selection, will help to increase sales.

The Australian market is similar to the UK with a large proportion of sales through pharmacies. Through department stores, however, Yardley successfully offer very British, "Limited Edition" gifts to maximise the opportunity for added value at point of purchase.

In France, merchandising of Yardley English Lavender in perfumery and pharmacy shops is highly visible. Window displays are popular, and giant bottles and cartons, glossy window cards, and life sized cardboard "Lavender Lady" models are used with typical French chic to enhance the brand image.

In Latin America, fragrance is distributed mostly through chainstores and co-operatives. Self-selection is rare, and premium fragrance is sold from locked cabinets with only testers on counter. Colourful and exuberant consultants and promotional staff are of key importance in offering personal service. Local culture lends itself to large and exuberant POS, with colourful windows and flamboyant "gondola end" displays as indeed it does in the Middle East.

In the highly developed markets of the Far East, a large percentage of fragrances are sold through department stores with high standards of visual support, wide use of extra large display products, and consultants who, as is culturally typical, work extremely hard.

In contrast, there exists a profusion of independent retailers who offer a wide choice of brands at budget prices. The poor image and presentation do little to encourage first time purchasing.

Global challenges

The challenge remains the same throughout the world. Fragrance houses can capitalise on wider distribution and consumer affluence, but must maintain image and assist consumer choice.

Merchandising needs to create an environment where impulse purchase is facilitated even where self-selection prevails. Brand imagery and fragrance information should provide the overriding focus, rather than pricing messages.

Consumers also need help to understand the differences between fragranced product types, their usage and relative strengths, and ultimately, to choose the right products for them, both psychologically and physically.

Communication must be appropriate to both the brand and retail environment. On-pack labelling of product features, benefits and usage, educational leaflets, fragrance testers, trial size offers and samples of different fragranced formats should be used to assist consumer choice. Trained consultants, promotional girls and sales assistants can offer personal service in sharing product knowledge with consumers. Independent pharmacies can take advantage of their cosy unintimidating atmosphere to stage tailor-made consumer events.

A lesson can be learned from overseas markets, and greater emphasis placed on evocative window displays.

POS support

Product marketing, POS activity and PR activity should reflect advertising and promotional campaigns to offer total brand synergy, as coherent campaigns help to influence consumers' propensity to purchase, before even entering the retail outlet.

The momentum of success can only be sustained by undertaking continuous research to identify areas of change and ensure that manufacturers and retailers understand consumer trends.

Apart from fragrance types, other fashion elements common to fragrance marketing are packaging colour, shape and style and associated imagery, particularly in relation to advertising and use of personalities — even classic fragrances such as Chanel No 5 require appropriate updates to the imagery of the brand to ensure their relevance to new generations of consumers.

Wider appeal

Fragrance brands designed for multi-market development should offer a broadly appealing quality fragrance, with easily recognisable brand image and consistent package style and quality.

The fragrance market, both in the UK and internationally, although fragmented and apparently saturated, still has plenty of potential for growth.

Gift purchasing, which accounts for some 40 per cent of the market, is now being complemented by increasing levels of self-purchasing, resulting in part from women having higher levels of disposable income than they had before.

With the growing tendency amongst both men and women to have a wardrobe of different fragrances, fragrance usage has now become a part of everyday life. The key to maximising the benefits in this exciting market lies in understanding the consumer's needs and aspirations, and reducing any suggestion of threat or difficulty related to their choosing a fragrance.

Suppliers and retailers who work together to inject an element of fun into the shopping experience while at the same time offering good, old fashioned service in the form of shop assistants trained to explain the "special quality" of fragrance, are bound to be the ultimate winners.

Yardley English Lavender gifts as seen in a German department store

The Battle of the Bulge starts on Boxing Day

With an explosive new TV campaign

- **Over £1 million of national TV advertising in one month**
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Pharmacists vote Milupa No.1

As Europe's leading babyfeeding specialist, Milupa is the first choice for pharmacies, offering a winning combination of innovation and product success in every sector of the babyfeeding market.

Household names across Europe

Milupa Infant Foods, Drinks and Milks are household names across Europe, and as demand continues to grow, fuelled by a rising birthrate and increasing numbers of working women, mothers are increasingly looking for products that precisely meet their needs. For example: balanced nutrition, guaranteed quality, special dietary requirements, choice, variety and convenience.

Meeting these needs has been the key to Milupa's tremendous success throughout Europe and its position as the No.1 babyfeeding manufacturer.

In 1992 alone, Milupa initiated powerful advances in every sector of the market - Infant Foods, Drinks and Milks:-

* Milupa Pure Cereals – An innovative concept in infant feeding with no added sugar, introduced for weaning and for use with home prepared food.
* Milupa is the first to develop a sugar-free Infant Drink for launch early in 1993.
* Milupa Prematil with Milupan – a breakthrough premature formula containing a special 'fat blend' to ensure healthy neurological development – represents a world first.

Milupa dominates dry foods

Since introducing a new generation of Infant Foods to the UK in 1975, Milupa continues to lead innovation in the babyfeeding market and now dominates the dry babyfood sector as European market leader.

The company has earned an envied reputation for its comprehensive range of premium quality Infant Foods. All offer balanced nutrition and excellent taste.

Each variety is created from the finest ingredients to provide the right mixture of protein, fat, carbohydrate and sugars, with added vitamins and minerals for healthy growth and development. Milupa Infant Foods do not contain any artificial colourings, flavourings or preservatives.

Milupa pioneered the development of mealtime segmentation in the 1980's, introducing Infant Breakfasts, Dinners, Teas, Desserts and Rusks, which provides babies with a wide range of tastes and varieties for every mealtime.

Innovation in Cereals

Milupa's latest innovation - Milupa Pure Cereals - further strengthens its supreme position in the growing dry sector. Three varieties, each with no added sugar, can be mixed with baby's usual milk or previously boiled water. They serve as a gentle start to weaning and include recipe ideas to assist with introducing normal family foods.

Investing for future success

Plans for 1993 include a major expansion programme to extend the product portfolio to include specially developed babyfoods designed for older babies. "Given our proven track record for innovation, pharmacists can be assured that, when Milupa enters this sector of the market, the brand will achieve the same brand loyalty and leadership position as it already clearly enjoys," says Dr Stuart-Kregor, Marketing Manager for Milupa.

IMPORTANT: Breastfeeding is best for a baby. A doctor, midwife, nurse or health visitor should be consulted for any advice needed

Pharmacies a stronghold for Milupa

The Milupa brand currently accounts for 50% of all dry baby-food sales in both independent and multiple pharmacies and continues to outsell its nearest rival by almost 2:1.
On a rate of sale basis Milupa is way ahead of its competitors in the breakfast, dinner and tea-time segments, with higher shelf yield and cash rate of sale than any other dry babyfood brand.
"Pharmacies are an undoubted stronghold for Milupa and we acknowledge their importance as the first purchasing point for mothers starting the weaning process," adds Dr Stuart-Kregor.

First sugar-free drink launch

Having pioneered the herbal baby drinks sector in 1984, the imminent launch of the first sugar-free infant drink on the UK market will mark another 'first' for Milupa.
This development comes in response to increasing consumer demand for both sugar-free and low sugar drinks. With just 4.4% sugar, Milupa's Herbal Baby Drinks are considerably lower in sugar than almost all other baby drinks and fruit juices on the market. Even so, they need to be used sensibly from a feeding cup and ideally at mealtimes.
Milupa's Herbal Baby Drinks also carry prominent warning notices and guidance to avoid misuse. This is important bearing in mind current concern about the role of sugar-containing drinks in dental caries.

Milupa, The No.1 Herbal Baby Drink

Milupa Herbal Baby Drinks are the No.1 selling brand, enjoying leading sterling market shares in both multiple (77%) and independent (85%) pharmacies. Milupa's strength is attributed to the brand's appealing tastes, controlled sugar content and real value for money.

European Milks Specialist

Extensive research and innovative development of infant milks and specialist formulas are key factors that have earned Milupa its reputation as Europe's leading infant milks specialist.
Milupa works closely with medical and scientific professionals on research and development resulting in a range of infant milks and specialist formulas medically endorsed by hospitals and clinics.

Milupa makes history with Milupan

Milupa's research laboratories conduct extensive studies into the composition and nature of breastmilk. This has paved the way for Milupa's most recent break-through in preterm infant formula.
In June 1992, Milupa was the first company in the world to introduce a premature infant formula – Milupa Prematil with Milupan – containing important polyunsaturated fats, like those present in breastmilk, in the correct ratio.

Coinciding with this technological breakthrough, Milupa has significantly raised its profile by relaunching its established infant milks – Milupa Aptamil and Milupa Milumil.
The infant milks market is estimated to be worth £105m at rsp (Nielsen), representing a 78% increase over the last six years. Reflecting this, on a rate of sale basis, Milupa Aptamil is up 19% year on year and is the fastest growing infant milk in the

independent pharmacy sector. Milupa Milumil has the second highest shelf yield of its category.

Major Pharmacy Support

Milupa is proud of its close, professional relationship with pharmacists. It has invested heavily in a £5 million promotional support programme, including television advertising, designed specifically to meet the needs of the pharmacist.
Additionally, the company produces 'Shoptalk' – a publication which ensures pharmacists and their staff are kept abreast of Milupa's latest developments. Ask your Milupa representative for a copy and for advice on how to increase sales in your pharmacy.
For more information, ring Milupa Telesales on 081-573 9966.

milupa®
Experts in Infant Nutrition

an infant milk is used it is important for the baby's health that all preparation instructions are followed carefully.

Safety first

The season of goodwill has wide implications. Christmas party time sees the start of many meaningful (or otherwise) relationships and peak sales of OTC contraceptives

The Telegraph Colour Library

Some 152 million condoms — about £44 million worth — are likely to be sold in the UK this year, about 4 million more than in 1991. Although growth is steady, it is not as dramatic as in 1986-87, when AIDS publicity was at its peak and the market leapt by 20 per cent.

"While AIDS was a major issue in the '80s, behaviour has been slow to change because people generally believe it won't happen to them," says Jean Smith, LRC Products' group marketing manager for family planning. But the 30 per cent growth in the market since 1980 means that the condom is now the most popular form of contraception and is used by 22 per cent of adults between the ages of 16 and 54.

The combined pill follows closely with 21 per cent usership, a figure which has remained fairly static over recent years, possibly because of concern about side effects. Ms Smith says teenage girls in particular are becoming wary about taking these drugs in the long term. The "safe sex" message is also persuading some couples to use condoms as well as the pill.

Male or female sterilisation accounts for 21 per cent of contraceptive methods, according to LRC's survey, while all other methods (coil, diaphragm, natural methods) account for 17 per cent. This leaves 20 per cent of 16–54 year olds using no protection at all — they could, of course, be trying to get pregnant or just abstaining!

But surveys have shown, disturbingly, that one in four 18 year olds have unprotected sex and this group is a key target for LRC promotions.

"Much of our activity concentrates on educating the young about safe sex. It is important to get the message across that, as well as protecting against pregnancy and HIV, condoms protect against other sexually transmitted diseases which are also on the increase," says Ms Smith.

Another key sector is the over thirties — the divorced couples. "They find things are very different now from when they were single the first time around," she says. Assure, the brand aimed at women, is seeing high usage in single women of all ages.

Pharmacies are still the most popular places to buy condoms, particularly for men, the under twenties and single people. These outlets account for just under half the total sales and have been showing a steady growth of 12 per cent in value year on year.

But what about the competition? Supermarkets are putting more effort into marketing condoms but do not pose a major threat. Their share has increased from about 10 per cent to 12 per cent of sales during the past year.

Ms Smith explains: "Grocers tend to offer less choice than pharmacies and stock only about four brands at the most. They generally stock the larger packs, not the three-packs which appeal to the young, because customers tend to be married couples doing the household shopping." Their share of sales will probably rise steadily then stabilise at a level somewhere below pharmacies.

Although vending machines are becoming more prevalent and are popular with single people, again they offer less choice than pharmacies and account for a fairly static 9 per cent of sales. Vending machines are moving away from traditional sites such as pubs towards leisure centres, health clubs and family-style restaurants. Assure has just started to go through vending machines aimed at women.

The supply of condoms through specialist family planning clinics is declining and only about 7 per cent go through these outlets. Instead there is a move towards GPs becoming family planning advisers and LRC are making sure doctors and practice nurses are well informed about the benefits of condoms.

"Availability seems to be more important than cost," says Ms Smith. "Condoms can be obtained much more easily from pharmacies than they can through clinics where an appointment must be made."

Research has highlighted that a major reason for not using a condom is that "there wasn't

one around at the time," so LRC are trying to extend distribution. Garages, although accounting for only 2 per cent of sales, fulfil a need because they are open late at night, long after pharmacies or pubs have closed.

Durex brands still claim 98 per cent of the pharmacy market, with Extra Safe the most popular. The range relaunch this Spring has proved successful, say LRC, particularly for Gossamer and Fetherlite. The launch of Assure last year received extensive media publicity and the brand already accounts for about 5 per cent of the company's condom sales and 3 per cent of the total market — and that is solely from sales to women.

"Assure gained empathy with women who were taking more responsibility for safe sex, as well as with female buyers and pharmacy assistants, and with women editors who gave it good coverage in magazines," says Ms Smith.

Safe Play Minty, a brand previously available only through vending machines and clinics, was launched to pharmacies last month. A "fun" brand, it is designed to attract young people to the market.

Another bid to attract young people is a promotion in 42 night clubs throughout the UK, linked with the film "Mo' Money" which has been a huge success in the US. The promotion includes advertising in the Press and on local radio, give-aways and competitions.

LRC believe the pre-Christmas season is an ideal time for such a promotion. "It's when lots of young people are going out and meeting new partners," says Ms Smith. The company found that the night club idea works well in Holland and Italy.

This month also sees new key ring promotions through independent pharmacies. The key ring carries a condom and slogan, and is seen as an inexpensive, "fun" present.

"These have proved to be good talking points, especially between new partners. They overcome the embarrassment of deciding at what stage to mention condoms in a relationship," she says.

LRC are evaluating television advertising. "Television can build awareness of condom usage, but this is currently high anyway. The key is a better depth of understanding of safer sex and knowledge of the condom which is best achieved through education in all forms."

The Durex Information Service continues to provide a wide range of leaflets on contraception and health; these are mostly issued through schools and magazines.

For the future, LRC will continue to monitor closely the proliferation of other condom brands. "Obviously we take all competitors seriously but we feel the Durex heritage and quality are very important points in our favour. Our condoms are tested over and above the BSI Kitemark requirements, for example, we electronically test each one. We also offer a good choice and put instruction leaflets in every pack," says Ms Smith.

As for any threat from the female condom market, she points out that two years ago LRC researched women's requirements from barrier contraception. "Women found the concept of a female condom appealing but when they saw the possible product they were less likely to want to use it. Their preference was for a male condom which appealed to women, giving them the freedom to purchase and carry condoms. That's when we decided to launch Assure instead."

Other developments such as the male pill seem unlikely. "The problem here will always be the trust factor — has he taken it or not? — particularly in a new relationship," she says.

So as far as LRC are concerned, innovation is still most likely to be in male condoms. "If the method works, there's not much point in changing it radically."

This Spring's relaunch proved successful for Durex

Femidom adds choice

The main focus of the recent launch of Femidom, the female condom, was to give women more choice (*C&D*, September 19, p500).

"Until someone develops the ideal contraceptive there will always be a market for new methods," says Chartex International product manager Helen Stone. "People also change methods throughout their lives. The more choice there is, the more chance there will be of reducing unwanted pregnancies and preventing sexually transmitted diseases."

Femidom has a unique set of benefits in that it is the only contraceptive method for women which effectively protects against both pregnancy and STDs. Another benefit is that it is non-systemic.

Although it is too early to predict what percentage of couples will eventually choose this method, Ms Stone believes it will not "cannabalise" the condom or pill market but will have a definite role to play in the OTC sector.

The launch is supported by a £1 million spend on Press advertising and 48 sheet posters whose high impact, simple message seems to have been received positively, says Ms Stone. Media publicity meant that awareness was high even before the launch and major pharmacy chains and supermarkets are stocking the brand.

Chartex have compiled a profile of women most likely to use Femidom. It will appeal to those who are uneasy about the metabolic effects of the pill, those who are "spacing" children and those who are dissatisfied with, or unable to use, the male condom.

Initially, the method is likely to appeal strongly to health conscious women who are in stable relationships and feel comfortable discussing contraception and intimate issues with their partner.

Some may have specific reasons for choosing the female condom, for example, those who have missed a dose of the pill and want an additional barrier contraceptive, those concerned about HIV infection and other STDs, those using oil-based intra-vaginal medication, those who are allergic to latex, women experiencing painful intercourse around the menopause and for the potential protection of the perineum after childbirth.

Ms Stone thinks the GP's and pharmacist's role in giving family planning advice will increase with the trend away from clinics. Pharmacists are ideally placed to advise, for example, when dispensing oral contraceptives or intra-vaginal preparations. To help them, the company has produced leaflets answering questions customers might ask.

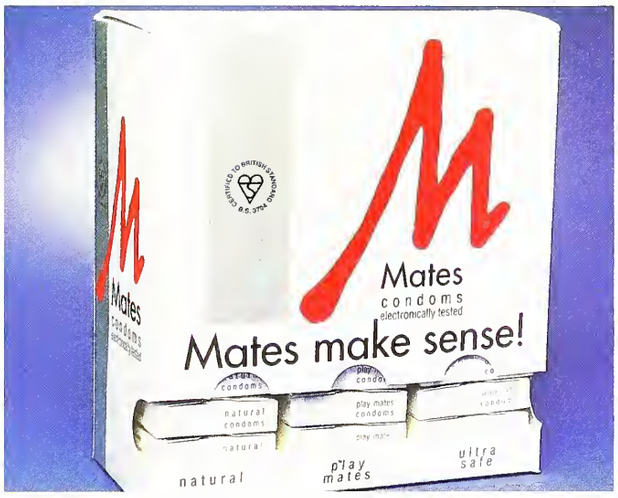
Femidom: a unique set of benefits

Mates vending pack

Mates Healthcare have created a vending pre-pack merchandising system for Mates condoms. A compact, free-standing unit holds 24 packs, each containing six condoms.

Separate columns hold three of Mates' top-selling lines to minimise the risk of pilferage.

The highest proportion of condom users fall in the under 20 age group but 26 to 30 year-olds purchase the largest number, the company says. For the first time since the seventies, the condom is the most popular contraceptive. The number of women using and prepared to buy condoms rose from 23 per cent in 1985 to 48 per cent in 1991.



Last month saw the introduction of Ladymates, a male condom packaged specifically for women. Three or 12 are packed in an unbranded slim-line box with a removable printed-film wrapper, enabling women to carry them discreetly and conveniently.

Spermicide choice

The plus points of Quo condoms, launched at this year's Chemex, are their innovative packaging, quality manufacture, excellent margins and lower emphasis on spermicides, say Q Healthcare Ltd.

There are five types: natural, ribbed, coloured, allergy and extra. The long, slim packs are designed to appeal to men and women alike, the company says.

Each holds six condoms and costs £1.99, to save customers the embarrassment of having to ask how much each variant is.

Extra is the only one to use nonoxynol-9. "Although this spermicide also kills the HIV virus in tests where condoms are deliberately punctured, it can irritate women," says Julie Long, one of three Q directors.

"Increased incidence of vaginal discharge, thrush, a burning sensation or numbness are some of the symptoms. We believe that the consumer should have a choice of nonoxynol-9 or not."

Silicon is used as a lubricant and the condoms are made of the best quality latex to BS3704 and international standards. They are all electronically tested for holes and weak spots.

Starter packs (about £50 from wholesalers) comprise a merchandiser holding ten packs plus two packs top-up stock of each variant.

Emergency measures

The Contraceptive Foundation, a partnership of family planning organisations, professionals and contraceptive manufacturers, is trying to increase awareness of emergency contraception.

Many women do not know it exists, clinics may be unable to provide it quickly enough and GPs are sometimes reluctant to offer it, says Ann Furedi, assistant director, Birth Control Trust. She is compiling a report for the Foundation looking at the problems of access and availability.

There are two main methods: the "morning after pill", which must be given within 72 hours after unprotected intercourse, or insertion of an intra-uterine device within five days.

A recent conference of about 200 family planning doctors in London voted in favour of the post-coital pill being made available OTC through pharmacies. Speakers argued that this would help reduce the serious problem of unwanted pregnancies and that the benefits far outweighed the risks. Despite the widespread availability of contraceptives, one in three pregnancies are unplanned and one in five end in abortion.

Ms Furedi told *C&D* she was in favour of making the morning after pill more widely available through pharmacies, but she was concerned about the extent to which pharmacists were able to give advice on its suitability for a particular woman. The GP needed specialist knowledge to assess whether a high dose of hormones was appropriate in each case.

Many women could tolerate these doses with no problem, but if they suffered badly from vomiting, who would be responsible for their care if the pharmacist had sold the product OTC? she wondered.

The contraceptive pill has remained Prescription Only for similar reasons, despite campaigns for it to become a P medicine. Different brands suited different women and it was essential for the prescriber to have a detailed knowledge of the woman's history.

"For the time being we're more concerned about getting the message across to health authorities, GPs and family planning clinics to encourage them to make post-coital contraception more widely available," she said. "We don't feel that pressurising the manufacturers or licensing authorities to relax the regulations is the most appropriate action."

A Family Planning Association audit has shown that many clinics run just one, one-hour emergency contraception session a week, which Ms Furedi believes is inadequate if women need to take action within 72 hours of intercourse.

Once the Contraceptive Foundation has established what the main problems are, it will try to establish guidelines for a model service. Meanwhile, pharmacies can help by providing customers with details of local clinics offering post-coital services.

Promoting sexual health in the pharmacy

There's more to it than displaying leaflets, says Karin Pappenheim, head of publicity and publications at the Family Planning Association

"I felt so embarrassed I must have been glowing like a beetroot," said one customer. "I usually just rush in and buy a packet as quickly as I can. I don't want to stop and chat about it," said another. "If there's a girl assistant behind the counter that really puts me off," admitted one young man.

They are all talking about condoms and, as these comments suggest, going into a pharmacy to buy them is still an awkward and embarrassing experience for many. A survey carried out this July and August for the Pharmacy Healthcare Scheme (PHS) highlighted the sensitivity that surrounds the subject (*C&D* October 31, p784).

Consumers and pharmacists were interviewed about their attitudes to condoms and their role in providing advice on safer sex and contraception.

Although most consumers claimed not to feel embarrassed, 35 per cent of the pharmacists surveyed said they thought customers showed signs of embarrassment.

The survey of 104 pharmacists and 224 consumers formed part of a PHS campaign to raise consumer awareness of male and female condoms both as contraceptive methods and as protection against STDs. A main aim of the campaign was to promote the pharmacist as a source of information on condoms and contraception and safer sex generally.

Half a million copies of the Family Planning Association's Guide to Male and Female Condoms were distributed to all pharmacies in the UK, and a Press and media publicity campaign was launched by singer Richard Fairbrass of chart-topping band Right Said Fred. As a result, many pharmacists were involved in newspaper and radio interviews publicising the campaign.

There is long term scope for pharmacists to develop their role as providers of information and advice on contraception and safer sex. Most people who use condoms obtain them from a pharmacy, and almost half the consumers questioned in the survey would welcome more information.

On the other side of the counter, nearly all pharmacists said they felt very confident giving advice on condoms, and over half felt keen to do more to promote safer sex and contraception.

The FPA is working to support pharmacists in that

What's new in contraception

Three new contraceptive devices are in the offing.

Roussel Laboratories are awaiting Department of Health approval of Femring, a vaginal ring which releases progestogen. Made of soft, sterile silicone rubber, the ring is inserted high into the vagina where it provides controlled delivery of levonorgestrel 20mcg daily for three months without replacement.

The one-size ring is suitable for most women. It needs no special fitting and can be self inserted and removed.

It provides rapid onset of protection, does not interfere with tampons and need not be removed during intercourse, menstruation or bathing.

Femring has been developed by the World Health Organisation and Roussel Laboratories is the sole licensee to manufacture and distribute worldwide. The company hopes Femring will receive full licence approval next year or in 1994, when it will obtainable on prescription from family planning clinics and GPs.

Roussel Laboratories have also applied for a product licence for Norplant, a hormonal implant giving up to five years of reliable and reversible contraception.

It consists of five small silicone rods containing levonorgestrel which are placed under the skin under a local anaesthetic and can be removed if the woman wants to become pregnant. One advantage is that efficacy does not depend on remembering to take a tablet regularly.

Norplant is widely used in the USA, where it was launched in 1991, and is also available in 12 other countries.

Another levonorgestrel containing device, the LNG-20 IUD, is already licensed as a contraceptive in Finland and is about to be launched in Sweden. It is a T-shaped plastic carrier with a drug reservoir in its vertical stem which releases 20mcg levonorgestrel daily. Its life span is about five years.

When used as a contraceptive it has a failure rate similar to that of the combined pill and carries less risk than other intra-uterine devices of ectopic pregnancy and pelvic inflammatory disease.

The contraceptive effect is believed to be due mainly to the effects of levonorgestrel on the cervical mucus and endometrium rather than suppression of ovulation.

The device also reduces the amount and duration of menstrual bleeding and is licensed in Finland for the treatment of menorraghia.

In London, the Margaret Pyke Memorial Trust is studying the IUD's potential as a method of hormone replacement therapy in a trial in which perimenopausal women volunteers are fitted with the IUD and take oestrogen orally.

According to Dr Naomi Hampton, a researcher at the Centre, the regime has benefits over standard hormone replacement therapy in that it eliminates or reduces "periods" after the menopause and also provides effective contraception in perimenopausal women for whom other hormonal methods might be contra-indicated. The reduced dose of progestogen also results in fewer systemic effects such as bloating.

At present the IUD can be fitted in the UK only on a named patient basis but a number of companies are discussing with Finnish manufacturers Leiras the possibility of marketing it here.

Dr Hampton hopes it will be generally available at least within the next five years.

role. Earlier this year, the FPA produced the Contraceptive Handbook for Pharmacists with funding from the PHS. It is a ready reference guide and is available (£12.99) by mail order from the FPA's Healthwise bookshop.

The FPA information and research centre is another resource for pharmacists. It houses a unique reference library of research, books, journals and statistics on contraception and family planning. Staff can be consulted by telephone or letter.

Helpline

The FPA also offers a full range of factsheets and briefing papers as well as a number of professional publications in the area of sexuality, family planning and sexual health. The telephone helpline handles more than 200,000 public inquiries a year, and one of its most important functions is to put people in touch with a local family planning service.

Pharmacists are welcome to use the helpline or to suggest it to customers.

The new survey reveals that many people do not realise they can ask pharmacists for contraceptive advice, and that most people would feel quite uncomfortable talking about their sex lives and contraception in the very public area of a busy shop. About half of those questioned said they would be more likely to consult a pharmacist if there was a quiet area in the shop.

In fact, roughly 60 per cent of pharmacists say they have a quiet area, but how many actually advertise this fact? A poster or a sign might be a good idea.

The FPA has been working for more than 60 years to inform and educate people about family planning and, more recently, sexual health. From this experience the FPA knows the huge communication barriers which prevent people asking for information on very personal subjects.

For a variety of reasons, people often do not receive enough information from health professionals about their contraceptive method. So, for example, many calls to the FPA are from women wanting to know what to do if they have missed a pill or if a condom has slipped off during sex.

These are exactly the kind of queries people might bring to a pharmacist. According to the survey, it is younger women, the 23-26 year olds, who are most likely to ask for advice.

Emergency contraception is another regular topic. Here pharmacists can play their part, directing a woman as speedily as possible to the nearest GP or clinic which will supply the post-coital pill or IUD.

There has even been recent debate over whether pharmacists themselves might be able to prescribe the emergency pill, so making it more accessible to women at risk of unwanted pregnancy.

Where condoms are concerned, many pharmacy customers will be men, who are traditionally far more reticent in seeking family planning advice than women. It is still true that very few men visit family planning clinics, and many continue to see contraception as the woman's responsibility. More than half the men questioned in the PHS survey seek no contraceptive advice.

Reaching men is clearly a challenge for all those involved in contraceptive education, and it is especially crucial on condom use. The FPA would be interested to hear from any pharmacists who have ideas and experience of successful approaches in this area.

Of course, not all pharmacists will have the time or the opportunities to expand their health education activities.

One of the most valuable services they can offer is to display leaflets, such as those distributed by the PHS. Leaflets often give people more information than they can absorb in face to face discussion with a health professional, and people can keep and consult them in their own time.

Some pharmacists are now creating self-selection areas for condoms, spermicides and leaflets to help people feel more comfortable in making their choice.

All these are valuable initiatives which together contribute to the ultimate aim of making information on contraception and sexual health as accessible as possible.

Further information from the FPA, 35 Mortimer Street, London WIN 7RJ. Helpline: 071-636 7866, Mondays to Fridays 10am to 3pm. A free publications catalogue is available on request.

On show, but where?

Where is the best place to display OTC contraceptives in a pharmacy?

The Family Planning Association believes that they should be located in a fairly quiet area, to avoid the embarrassment of being seen by other shoppers. The recent Pharmacy Healthcare survey found that most pharmacies give condoms a high profile display on the counter top (52 per cent).

Moving the displays away from these busy areas to the men's and women's toiletries sections may be preferable for those people who feel embarrassed about buying condoms, because it allows them to browse and take time making their selection.

However, LRC Products think the best site is in the medicines area near the till because that is where purchasers have become accustomed to seeing them. Stocking a good selection of brands on a well-labelled display unit keeps them tidy and enables customers to make a quick choice.

Stocking condoms in a quiet self-selection area may also have the undesired effect of persuading customers not to stop at the till at all! As *C&D's* Xrayser noticed recently when he moved condoms to the male toiletries area: "Unit movement increased but very few extra sales actually went through the till."

Pharmacy Seminar

Local initiatives are key

Aston University and MEL Research hosted a seminar on consumers and community pharmaceutical services on November 25. Delegates, many representing FHSAs, heard details of the group's DoH funded research and of local pharmacy initiatives

"The new NHS is all about local movements and local initiatives and pharmacists have to really recognise that central negotiations are being seen as less important," said Robert Darracott, principal pharmaceutical officer at the Department of Health.

There had been "an almighty explosion" in the way the NHS worked during the past five years and, in his personal opinion, the move towards more fundholders and trusts meant the pace of change was going to accelerate.

As part of the changes, it was important to consider the impact for pharmacy of the purchaser/provider split. This means local planning, spending and management, said Mr Darracott, although he was not always sure that the main bodies representing pharmacy understood what this meant in practice.

There is an increased fragmentation of the provider side and arguably of the purchaser/commissioning side, he said: "How will pharmacy meet this? It might need a fragmentation of its own."

Financing was extremely tight centrally, but the good thing for the professions was that things were happening.

"We're seeing some local initiatives and I don't think that entrepreneurial activity is going to wait for any central determination," he said. "While the centre can provide some general themes and thrusts, I don't think it can still dictate to FHSA general managers, or other health authorities, what they're going to do."

One of the important aspects of the NHS changes was an apparent blurring of the separate roles of health professionals, particularly in relation to prescribing, dispensing and health promotion, Mr Darracott said.

"What does the profession want to be?," he asked. "Do they want to be the best dispensers or the profession who understand and use their knowledge to obtain a better use of medicines?"

Some of the Joint Working Party's recommendations had been singled out for pilot projects and there had been a great deal of interest in these up and down the country.

"I don't think it takes a genius to know the current position with regard to public sector pay," he continued. "Increasingly over the course of the year, the message we have been getting is that these projects have to demonstrate opportunities for savings."

For the future, Mr Darracott said that pharmacists should be looking at the Health of the Nation White Paper and Care in the Community changes and getting involved in local initiatives.

"If there's a message it's that pharmacy needs to be in at a local level in the community care planning and they need to be talking about it now," he said.

Pharmacists the 'experts on medicine'

Pharmacists are perceived as "the experts on medicine" and are not just there to hand it out, according to new research which identifies the pharmacist as both the provider of medical goods and a source of advice.

Carried out for Aston's Pharmacy Practice Research Group and MEL by Dr Jill Jesson, Dr Michael Jepson, Dr Rob Pocock, and Dr Helen Kendall, the research aimed to identify the perceptions, needs, expectations, experience and satisfaction of key consumers of community pharmacy services.

About 60 per cent of consumers are loyal to one pharmacy with convenience a key factor. Service-related aspects such as speedy dispensing, good stocks, and friendly assistants created competitive advantages where there is a choice of pharmacies.

"The role of assistants in influencing consumer perceptions of community pharmacy is greater than appears to have been recognised in other studies," said the authors. "Their importance has significance in terms of recruitment, training and rewards offered."

The survey, which questioned the general population and defined high pharmacy user groups, also found that over 90 per cent are satisfied with the instructions printed on prescribed medicines, but some wanted more clarification.

Two thirds of consumers have asked for advice on minor ailments and three-quarters have asked how to treat a minor ailment. However, a quarter would always go to their GP for such advice.

Presenting their pharmacy research (from left) Dr Jill Jesson, Dr Rob Pocock, Dr Helen Kendall and Dr Michael Jepson. Dr Kendall is now at the School of Health Sciences, University of Sunderland

Little more than half of consumers had noticed health information leaflets in their pharmacy and only a quarter of the general population have taken these away.

While most consumers are satisfied with the services currently received, there are still areas of unmet need for high user groups such as diabetics and asthmatics, with specialisation being seen as a possible means of creating a distinct image for a pharmacy.

While the experience of using diagnostic services in pharmacies is minimal, the survey identified a high level of prospective interest.

If pharmacists are to extend their role as suggested, some radical changes need to be made to the organisation of time and resources within the pharmacy, the survey found.

"The proportion of time now spent dispensing and dealing with retail matters will have to be reduced to allow greater customer contact time. This may prove problematic unless there is a significant move towards two-pharmacist pharmacies".

The report points out that any increased liaison between pharmacist and prescriber or extended hours of service all have financial implications, as does the setting aside of commercial floorspace for use as a private consultation area.

The way forward should be consolidation and extension, the authors conclude. Enhanced specialisation would strengthen the public's perception of the pharmacist as a health expert.

Innovation, not in-fighting, in Liverpool

Liverpool FHSA's Peter West

Collaboration between the health authority, family health services authority, pharmacists, GPs and other health groups is one of Liverpool's strengths as far as innovation is concerned, Peter West, clinical pharmacy adviser to Liverpool FHSA, told the meeting.

"Everyone in the city seems to recognise that there's a huge problem out there and rather than have any in-fighting about whose bit of territory is whose we actually get on and address the issues we feel are pertinent."

Although many people referred to Liverpool's innovation, Mr West admitted that it didn't feel much like innovation to him. "We're just doing the things we're doing. It's other people who are calling them innovative," he explained.

When people asked "Why Liverpool?", Mr West said the Local Pharmaceutical Committee were continually coming up with good ideas and were persistently pushing these forward.

"I don't think its chance that some of the ideas coming forward happen to fit in with the direction of the Health of the Nation and with local health authority purchasing directives," he said. "The pharmacists are showing they can recognise not only what the local problems are but also where the effort is going at a district level."

Mr West told the meeting about three specific projects underway in Liverpool — the mental illness project, syringe and needle exchange and the smoking cessation initiative. Training both before and after the project was set up was important in all these, he said.

• Delegates also heard from RPSGB Council member Gill Hawksworth, a community pharmacist in Mirfield. She talked about the services she offered including domiciliary visits, prescription delivery, cholesterol screening, blood pressure monitoring, pregnancy testing, peak flow measurements and asthma inhaler techniques.

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Clinical

Pharmacyupdate

Managing renal failure

Professor P.M. Motta & M. Castellucci/Science Photo Library

C&D's series on the kidney continues as Charlotte Fry and Catherine Duggan, of the Centre for Pharmacy Practice, The School of Pharmacy, London, examine renal function and therapy

Any form of renal failure will lead to an accumulation of waste materials and an alteration of the body's fluid balance.

To a certain degree the condition may be managed using drug treatment, hormone supplements and dietary modification. However, as the severity of the condition worsens alternative therapies must be considered.

The treatment of choice for patients with end-stage renal failure (ESRF) is transplantation. However it is not always possible and many patients undergo dialysis either as an interim measure or as a permanent therapy. Dialysis may also be used as a temporary measure in reversible renal failure.

The principle of dialysis centres on the transfer of solutes from a solution of high concentration to one of low concentration. A semi-permeable membrane is used — in haemodialysis (HD) blood in an extracorporeal circulation is exposed to a synthetic membrane, whereas peritoneal dialysis uses the naturally occurring semi-permeable membrane, the peritoneum.

Haemodialysis

Dialysis is indicated for patients with end-stage renal failure (ESRF) when they experience symptoms of uraemia, anorexia, nausea and vomiting, peripheral neuropathy, metabolic acidosis and hyperkalaemia.

Blood is removed from the body into the extracorporeal circulation: for successful dialysis, removal should be at a rate of 200ml/min.

In practice most patients have an arterio-venous fistula, formed by joining a major artery and vein in the forearm. These fistulae allow blood at arterial pressure into the venous system and therefore closer to the skin surface. The fistula should be formed well in advance of ESRF so that the walls of the vein may dilate (this takes about two to three months) to allow wide-bore needles to be repeatedly inserted.

Short term access may be obtained using arterio-venous shunts or central lines, but these carry a high risk of infection and must be maintained under aseptic conditions.

Modern dialysis equipment is computer controlled. The flow of blood, dialysis fluid and anti-coagulant is carefully monitored and the machines have safety-trips and alarms for maximum safety.

The anti-coagulation factor is usually provided as heparin. The lines are loaded with heparin before dialysis begins, and infusion continues throughout the procedure and for half an hour afterwards. Arterio-venous shunts and central lines are kept patent using heparin flushes between sessions.

Patients' clotting times are closely monitored and those at risk from bleeding are given regional anti-coagulation, where citrate is added to the arterial blood entering the dialysis machine to lower blood calcium. Calcium chloride is added to the returning venous blood to give normal blood levels.

The regime

When patients begin haemodialysis the initial problems include fluid loading

and severe electrolyte imbalance. The early sessions are short and frequent so that gradually the imbalance is rectified. If the excess fluid were removed too quickly this would lead to headaches, confusion and even convulsions due to the disequilibration syndrome.

When the initial problems are solved most patients then undergo 12-18 hours of dialysis each week in two or three sessions. The exact nature of the regime depends on patient factors such as body size, the type of circulation access and also on the extent to which patients comply with dietary and fluid restrictions.

Liquid intake must be closely monitored and generally patients should aim to gain only 2kg in weight between dialyses. Their daily fluid intake should not exceed one pint and this includes sauces such as custard. The fluid gained is removed by ultrafiltration as part of the dialysis process.

Dietary restrictions also apply — potassium intake is limited to 60mMol/day, sodium and phosphate intake are monitored and protein is usually taken at about 0.8mg/kg daily.

It is also possible to use dialysis in patients with reversible renal failure, eg patients in trauma or in intensive care.

Haemodialysis may be used to remove certain water soluble poisons or drugs such as methanol or lithium. Where the toxin is either protein-bound or lipophilic, haemoperfusion is favoured. The toxin is removed from the blood using activated charcoal or resins.

Complications

Haemodialysis is usually used intermittently. Depending on adherence to fluid/dietary cautions, the patient may suffer from inter-dialytic hypertension and oedema. When water is removed hypotension may occur accompanied by severe cramps: these may be reduced by increasing the sodium content of the dialysis fluid.

Hyperlipidaemia (type II) is often seen in chronic renal failure (CRF) and in dialysis patients. This requires prompt treatment as there is a high level of cardiovascular mortality and morbidity with long-term dialysis.

Metabolic imbalance can lead to renal osteodystrophy. This is renal bone disease caused by the failure of phase two hydroxylation of vitamin D, a function performed by the kidney.

Another contributory factor is hyperparathyroidism. In this case the condition is managed by supplementation with active vitamin D metabolites (1,25-dihydroxycalciferol) and medical control of the hyperparathyroidism.

Nearly all dialysis-maintained patients are anaemic. There are several reasons for this:

- Haemolysis occurs to a slight extent during HD
- Blood loss occurs on equipment etc
- Lack of erythropoietin
- Uraemic inhibition of erythropoiesis
- The nature of the underlying renal disease.

Such patients are, however, rarely iron deficient and the use of recombinant human erythropoietin (eg Eprex or Recormon) has improved this problem. The cost of therapy is high though.

Advantages of CAPD

1. Freedom of movement
2. Cost comparable to haemodialysis (without initial capital outlay)
3. Fluid and electrolyte values remain fairly constant (this avoids the washed out feeling found with HD)
4. Easier to teach and maintain than HD
5. Slightly less rigorous fluid restrictions apply with CAPD than with HD
6. No requirement for vascular access
7. Haemoglobin levels better maintained than with HD as there is no blood loss from extracorporeal circulation

Disadvantages of CAPD

1. Infective complications
2. The constant and repetitive nature of the treatment
3. Psychological and socio-sexual problems
4. Exacerbation of hyperlipidaemia in some patients
5. Potential long term damage to peritoneal membrane
6. CAPD is less efficient than HD and can only cope with the products of normal metabolism
7. Not suitable for patients with recent abdominal surgery or severe pulmonary disease

Peritoneal dialysis

The peritoneal membrane has a surface area of between 2-3 sqare metres and can be used as a selective barrier between the peritoneal capillary bed and the dialysis fluid in the peritoneum.

The dialysate is placed into the abdominal cavity via an indwelling catheter (Tenckhoff catheter), which has been surgically inserted under local or general anaesthesia.

The time that the dialysate remains in the abdomen depends on the regime used — either intermittent peritoneal dialysis (IPD) or continuous ambulatory peritoneal dialysis (CAPD).

IPD patients undergo two or three rapid exchange sessions each week and dialysate is added and removed using an automatic fluid cycler. In ESRF, patients often require some 40 hours dialysis each week. Because this is considerably longer than the time needed for haemodialysis and as CAPD offers much greater freedom, IPD is not now widely used.

The removal of larger molecules into the dialysate takes many hours and CAPD means continuous exchange can occur while allowing the patient to be mobile.

Dialysis fluid is placed into the peritoneal cavity under aseptic conditions and exchanged between three and five times daily. Aseptic conditions are important as one of the major complications of CAPD is peritonitis.

The dialysate composition varies with the requirements of the patient. In general, the composition of the fluid resembles plasma. The major differences include increased calcium ion concentration (to correct intestinal malabsorption), and differences in dextrose concentration.

So called "light" and "heavy" bags are used. Heavy bags contain a greater percentage of glucose and are used when patients are water-loaded.

Pharmacists dealing with dialysis patients must be aware of the circumstances under which patients should be referred to their renal units. These include:

- Elevated temperature, redness or pus from a catheter/fistula site
- Cloudy peritoneal dialysis fluid
- Abdominal pain in CAPD patients
- Reduced "buzz" from a fistula.

Care should be taken when counterprescribing to avoid magnesium and aluminium containing compounds. The potassium content of some medicines must be considered in certain situations.

Transplantation

Renal transplant provides the recipient with the opportunity of a "normal" life, without dietary or fluid restriction.

There are two types of transplant available — living donor or cadaveric. The majority of patients awaiting transplant depend on the availability of a cadaveric organ. Supply, however, never exceeds demand!

Some patients are fortunate enough to have a living relative able to donate a kidney. Only patients receiving a kidney from an identical twin do not require immunosuppressive therapy post-transplantation, but first degree blood relatives, such as parents, siblings and children are often suitable donors.

Donor and recipient are as closely tissue matched as possible to minimise the host immune response to the kidney, and post-operative immunosuppressive therapy is given. The pharmacological agents used include steroids, cyclosporin and azathioprine.

The immunosuppressive agents have many side effects, one of which is the susceptibility of the recipient to infection. These patients also have an increased incidence of lymphoproliferative disorders. However both these problems have been minimised due to greater experience with the treatment regimes.

The major complication of transplantation is rejection of the graft despite the use of pharmacological immunosuppressive agents. In these situations biological agents may be used, such as the anti-T-cell sera, ATG (anti-thymocyte globulin), ALG (anti-lymphocyte globulin) and OKT3 (monoclonal anti-T3 antibody serum).

Dosage adjustment

The "artificial" kidney is now widely used for the long-term maintainance of the patient suffering from chronic renal failure, or for the support of patients until renal transplantation can be carried out. Another application is in the treatment of drug overdosages.

Collapse of blood pressure and consequent renal failure are common results of poisoning with barbiturates,

Continued on p1028

Drug handling in dialysis

The total daily maintenance doses of a drug may be lowered by reducing the size of the dose and increasing the dosage interval. It may be necessary to give patients loading doses as the plasma half-life of renally excreted drugs increases in renal failure. It should also be borne in mind that many elderly patients have some degree of renal impairment of with glomerular filtration rates below 50ml/min.

Drug handling in dialysis patients is affected by the following:

- The duration of the dialysis procedure
- Both dialysis fluid and blood flow rate
- Composition of dialysate
- Molecular weight of the drug molecule — the lower the molecular weight, the faster drug clearance
- The degree of plasma protein binding
- The water solubility of the molecule.

It is often difficult to quantify the extent of drug removal but by examining the pharmacokinetic parameters and with experience it is often possible to predict whether a drug will be significantly cleared by dialysis.

In the absence of an artificial kidney unit, peritoneal lavage may be employed. This technique consists of washing out the peritoneal cavity with isotonic solutions in order to remove metabolites or drugs that can diffuse across the peritoneal membranes. It is a relatively simple procedure, but is much less efficient than extracorporeal dialysis.

Clinical

Continued from p1027

narcotic analgesics and other drugs. Extracorporeal dialysis can reduce the high plasma drug level and simultaneously remove nitrogenous waste products until normal renal function is restored.

The patient's blood is made to flow across cellophane membranes permeable to water and solutes of low molecular weight. The membranes are bathed on the other side by an aqueous solution of the same ionic composition as plasma. Thus, by simple diffusion an artificial process resembling glomerular filtration is established. Frequent changes of the dialysate bath hasten the elimination of the drug from the plasma.

The capacity of the apparatus is dependent upon the surface area of the membranes, the hydrostatic pressure difference across the membranes, the pore size and the particular solute being removed. Substances that ordinarily are reabsorbed by back-diffusion may be eliminated effectively by the artificial kidney. Thus a urea clearance of 140ml/min can be achieved, about twice the normal value in man.

Transplantation and dialysis are not always immediately applicable to patients with renal failure. Concurrent disease states and infections require treatment and dosage adjustment of the therapeutic agent may be necessary. The level of adjustment required is dependent on the residual renal function, metabolism and excretion of the drug and its toxicity.

The narrower the therapeutic range of a drug the more closely plasma levels must be monitored. More toxic drugs have recommended regimes in renal failure based on the glomerular filtration rate. A general guide to the level of renal impairment is shown in below:-

Grade GFR (ml/min)
Mild 20-50
Moderate 10-20
Severe < 10

Nailed down

Infections of the nail and nail bed are notoriously difficult to treat. Janie Sheridan of The School of Pharmacy, London, outlines the main causes of nail problems and how they are best treated

The function of nails in the human is to protect the ends of the fingers and toes from mechanical and chemical trauma. In some cultures they are a status symbol and long nails denote a position of high standing in society.

In the Western world, while not being a status symbol, beautiful nails are much desired. Trauma and disease which affect the nails can be embarrassing for the patient, not just because the nails appear deformed, but also because it takes such a long time for the nail to return to normal.

Nails are a modified form of epidermis and grow as a local thickening of the stratum corneum. They contain a high proportion of keratin. Growth occurs from the nail matrix forming the nail plate which rests on the nail bed. The nail fold is the area where the skin ends and the nail begins to appear. Normal fingernail growth in humans is approximately 1cm every three months and is faster in the more dominant hand.

Anything which interrupts nail growth will cause the nail to become deformed. If nail growth stops for long enough, the nail may eventually be shed.

When presented with problems associated with nails, it is best where possible to carry out a full examination of the hands or feet under good light. Obviously in a community pharmacy examination of the feet may be neither practical nor acceptable. The pattern of changes to the nails should be noted.

Psoriasis commonly causes symmetrical changes while onchomycosis (a fungal disease of the nail) does not. The two conditions cause similar looking changes and this may be a way of diagnosing between the two. The patient should be questioned about:

- **Previous episodes of nail problems.** Previous nail problems may not have been completely cleared up leading to a recurrence.
- **Previous incidence of hand dermatitis or of psoriasis.** Hand dermatitis may cause damage to the nails.
- **Family history.** Members of the family may infecting each other.
- **Presence of any skin infections, especially Tinea.** Tinea infections of the hand and especially the feet may spread to the nails, so previous untreated "athlete's foot" may lead to nail infection and *vice versa*.
- **Any drugs the patient is taking or has recently been taking.** Some drugs may affect the nail growth and/or appearance.
- **The patient's occupation.** The continued use of chemicals may cause the nail to become very weak. This may make them more susceptible to infection. Even if this does not occur, they will not be strong and may become permanently damaged.

Surface changes

The surface of the nail may become ridged or pitted. Pitting commonly occurs in alopecia areata and psoriasis. The pits appear as small depressions in the nail plate. The patient may need to be referred for treatment, especially of it is due to psoriasis.

Ridging of the nail may be either parallel to the cuticle (horizontal ridging) or at right angles (longitudinal ridging). Horizontal ridging occurs when there is some disruption to nail growth. The ridge progresses towards the tip of the nail as new nail grows. This type of ridging is also known as Beau's line.

Any inflammatory condition which affects the soft tissue around the nail or previous episodes of illness may cause this. Longitudinal ridging may occur as a single ridge or many ridges. Single ridges are commonly cause by an obstruction to growth at that point such as a tumour and the nail may eventually split.

Multiple longitudinal ridging is seen in psoriasis, alopecia, and lichen planus (a skin condition characterised by violet coloured flat papules). These three conditions can also cause the surface of the nail to become very rough.

Thickening of the nail is a common problem. Frequent causes are onchomycosis and psoriasis. Where other signs of psoriasis cannot be seen on the skin, the nail should be examined for pits. The patient should be referred to the doctor who may send nail clippings away to be examined for the presence of infection.

Nails which split into layers have usually suffered physical and chemical damage. Continuous and repeated immersion in water may cause this. The removal of the causative agent will enable the nail to regain its strength. Formalin solution applied to the nail every day for a few weeks often helps. Care should be taken to ensure that the formalin does not get on to the skin as it can cause sensitivity problems.

For those patients who cannot avoid the causative agent, the use of barrier creams, rubber gloves and emollients may help.

The complete shedding of the nail may be caused by interrupted growth of the nail. In other cases it may be caused by thyrotoxicosis and psoriasis. The nail becomes detached from the nail plate and the gap may fill with air and look grey. If this is seen the patient should be referred.

Colour changes may also occur to the nails. A lack of oxygen may cause the nail to look blue. Actual changes to the nail may be due to external factors such as the use of chemicals, especially dyes, or due to internal factors such as drugs or infection.

Drugs commonly causing colour changes are:

- tetracyclines — yellow
- antimalarials — blue
- chlorpromazine — brown.

Koilonychia is a condition of the nails characterised by a spoon-shaped deformity. The nails may be thinned and the condition is more common on finger than toenails. It is usually

In the pharmacy

Nail infections will often need referral to the doctor for POM treatment. However, correct advice on the use of OTC imidazoles, where indicated, will help with compliance.

The importance of persevering with the treatment and continuing for at least two weeks after the condition has disappeared are important points. In the case of griseofulvin treatment, careful counselling on how to take the medication and the importance of adherence to long term therapy should help to ensure that treatment is successful. The possible incidence of drug interactions should obviously be investigated.

General advice on nail care may be useful. Frequent immersion of the nails in water weakens them considerably, as can the use of metal nail files and clippers. Damage to the nail margin by careless use of manicure equipment may enable infection to take hold. The nails may also be damaged by chemicals such as detergents, dyes and nail varnishes themselves and some may cause allergic dermatitis reactions.

Although nail infections are generally not of "medical" significance, they are common and require long term treatment. This treatment is usually very expensive, so ensuring compliance the first time round may save money in the long run.

associated with iron deficiency in the diet. Patients whose nails have this appearance should be referred to the doctor for blood tests.

White flecks in the nail are due to trauma to the nail and not, as is commonly believed, due to a lack of calcium in the diet.

Ringworm

Tinea unguium (ringworm of the nails or onchomycosis) is a fungal infection of the nail caused by the following organisms: *T. mentagrophyton, T. rubrum* and *E. floccosum.* All organisms cause similar features which include paronychia (suppurative inflammation of the nail margins, brittleness of the nails), and thickening of the nail due to subungual hyperkeratosis. The nail plate may eventually separate from the nail bed.

It is more common on toenails than finger nails, and unless nail distortion causes severe inflammation of the surrounding tissue, is of little medical importance. However, it may cause distress to the patient as it cosmetically displeasing.

The condition is notoriously difficult to treat and may serve as a source of Tinea infection to other parts of the hands and feet.

Treatment may be either topical of systemic. Topical treatment includes the use of antifungal agents such as imidazole creams, but many of these (such as miconazole and clotrimazole) are not very effective as they do not penetrate to the nail bed.

Tioconazole nail lotion (Trosyl, a POM product) is a broad spectrum imidazole which is indicated for the treatment of nail infections caused by dermatophytes and yeasts. The lotion should be applied to the nail and the immediate surrounding skin every 12 hours. The treatment usually takes up to six months may be extended to one year.

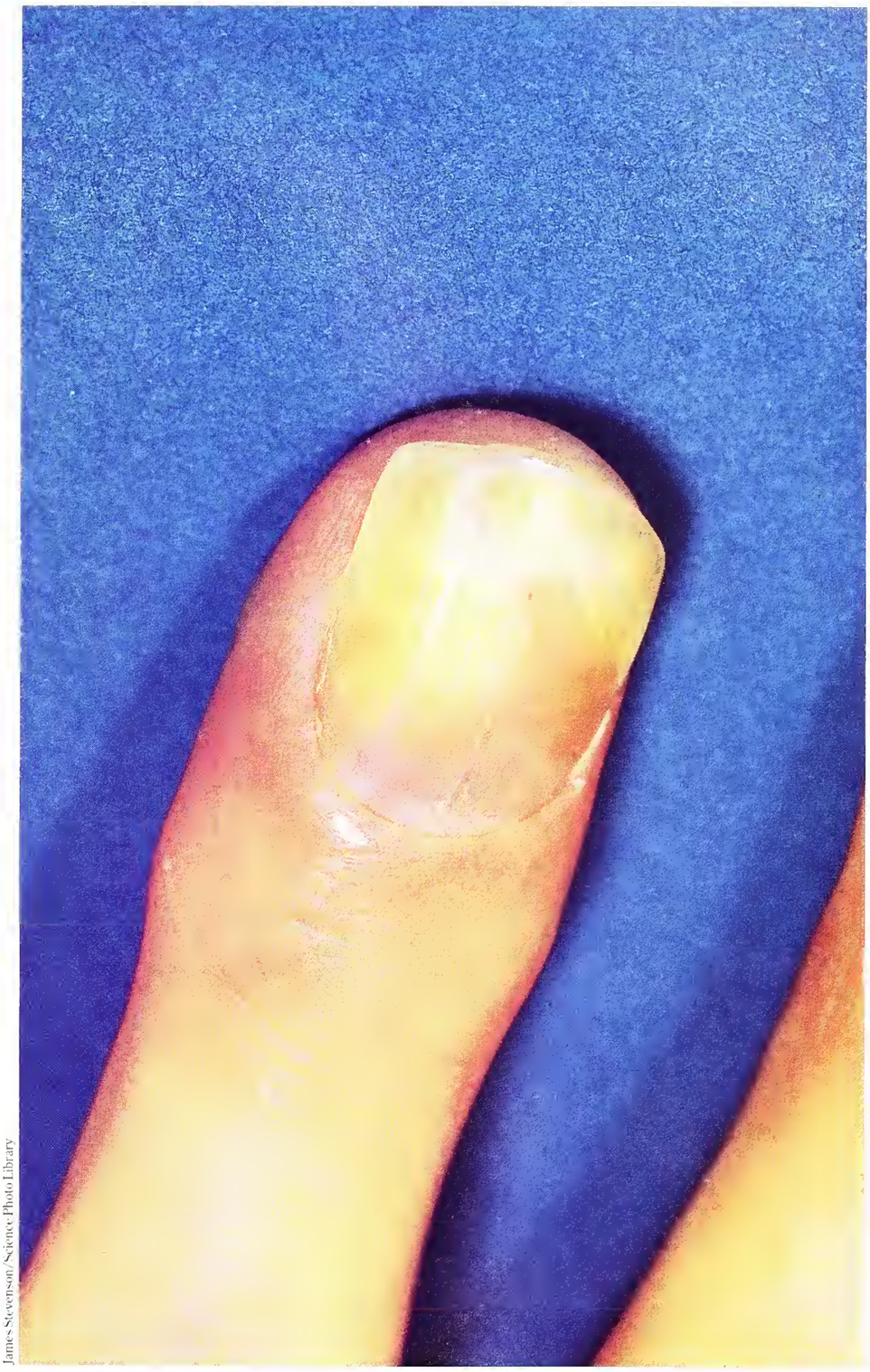
Tioconazole should not be used during pregnancy. Adverse drug reactions include local skin irritation during the first week of treatment. The treatment should be discontinued if sensitivity occurs.

Amorolfine (Loceryl) is a new product which is available on prescription as either a cream or nail lacquer. It should be applied once or twice weekly with treatment being reviewed at three monthly intervals.

It is contraindicated in lactation and pregnancy and is not recommended for use in children. Care should be taken to avoid contact with mucous membranes. Occasionally it may cause itching and burning.

Systemic therapy with griseofulvin is usually the treatment of choice. The adult dose is 500mg-1g daily, either as a single dose or in divided doses. The dose should be taken after meals to aid absorption.

Duration of treatment will depend on the thickness of keratin at the site of action and is usually for six to 12 months, but may be up to two years. Treatment should continue for two weeks after all symptoms have disappeared.



James Stevenson/Science Photo Library

Its use is contraindicated in liver damage, porphyria and pregnancy. Drug interactions with griseofulvin include:

- possible reduction in effectiveness if given concurrently with oral contraceptives
- griseofulvin may decrease the effect of coumarin anticoagulants
- effectiveness of griseofulvin may be reduced when taken concurrently with either phenobarbitone, hypnotics or sedatives which induce metabolising enzymes and phenylbutazone.

Headache, nausea, vomiting, skin rashes and photosensitivity are all adverse drug reactions seen with griseofulvin.

Yeast infections

Yeast infections (candida) of the nail area cause chronic paronychia or whitlow. The yeast penetrates the nail fold, especially where the hand or foot is often moist. The nail fold becomes inflamed and swollen and may produce pus. Bacterial infection by *Staph. aureus* may add to the problem.

Treatment for this condition uses imidazole creams applied directly to the area until two weeks after the condition has cleared up. Concurrent administration of an anti-bacterial such as erythromycin may be needed for the bacterial infection. It is important to keep the area dry: this is especially important with the hands as they may be immersed in water often during the day.

Sharpe calls for positive message

Devon contractors had the chance to question David Sharpe, chairman, Pharmaceutical Services Negotiating Committee, on Sunday about their future pay prospects. He in turn urged them, when lobbying MPs, not to whinge but to offer a positive message about how pharmacists could help the public

How many pharmacies will close? was the immediate reaction of pharmacists to David Sharpe's explanation of the settlement proposed for 1993-94.

To qualify for the £3,000 professional allowance, contractors will have to dispense at least 1,000 items a month or be more than 2km from the nearest pharmacy. In addition they will have to give advice on prescription medicines, display health promotion material and produce a practice leaflet.

Graham Walker, Budleigh Salterton, insisted that PSNC should find out how many pharmacies would close as a result, but Mr Sharpe said it was impossible to do so. Most of the pharmacies dispensing under 1,000 items and closer than 2km to another pharmacy gained almost all their income from OTC business, not dispensing. Their income would fall, but it was unlikely that they would close.

The Department of Health was looking towards a more sensible distribution of pharmacies and felt there was no need for taxpayers to support five pharmacies all within 200 yards of each other. Mr Sharpe hoped that the essential small pharmacies scheme would be strengthened but this was yet to be negotiated.

When pressed further, he said he did not think more than 250 pharmacies would close. But he remembered a time not long ago when pharmacies were closing at the rate of 350 a year and he could go to the Department and say,"Look, we're losing one pharmacy a day." The Department eventually woke up to the fact and did something about it.

It was difficult to put forward that argument when pharmacy numbers were increasing as they were at present, Mr Sharpe explained. The Department would look at trends over the past five years and say,"How is it, if things are so bad, that numbers are going up? Are you saying that your colleagues are so stupid financially that they are opening on purpose to lose money?"

Graham Walker argued that the principle at stake was that this was the first time contractors' remuneration had had such criteria attached. Who was to say that next year the figure would not be 1,500 or 2,000 items minimum, with the Government "gradually squeezing us dry."

Mr Sharpe replied that PSNC had fought hard to keep the figure as low as 1,000 and it was unlikely to rise. The Government was squeezing every sector, not just pharmacy, with a 1.5 per cent limit on pay. "But it won't squeeze pharmacy to the extent that there will be wholesale closures," he insisted.

With the extension of the Selected List and the rapid movement of medicines from POM to P, the Department would be emphasising that pharmacies should be the first port of call for minor ailments.

Contractors had to accept, like it or not, that the Government had made up its mind and was sticking to it. "Pharmacy is probably the only retail trade that has an element of protection other retailers do not have," he said, producing howls of laughter from the audience when he explained,"Your money comes regularly — late as it is — from an organisation that is unlikely to go bankrupt."

Looking ahead to 1994-95, Mr Sharpe said that contractors could expect to receive an allowance for participating in professional audit and further additional allowances for unspecified services. The latter would be based on the recommendations of the joint working party report but negotiations had not yet started.

The Department's attitude was to move more of the global sum to these professional activities rather than dispensing.

Finally, Mr Sharpe urged pharmacists to talk to their MPs as it was impossible for PSNC to meet every MP in the course of a year.

"But," he warned, "Do not whine, do not moan and do not whinge. I know life's not fair, but it isn't fair to anybody. MPs hear bad news every day of the week."

It would be a pleasant change for them to hear good news about what pharmacists could do to help their constituents and other taxpayers. One positive message would be to get across the cost savings that could result from the introduction of triple repeat prescription forms.

Another point PSNC was putting to MPs was the difficulty contractors would face in supplying high-cost prescriptions following the cut in on-cost. Services to patients could suffer if pharmacists could not afford to handle expensive medicines.

On discounts, PSNC intends to go back to the Department and say that, since the Chancellor had now admitted there had been a devaluation this Autumn and not just a "currency fluctuation", this should be taken into account at the next discount inquiry, probably in March. The devaluation meant pharmacists had to pay more for parallel imports but the Department had argued it was a "currency fluctuation" which did not affect the price of medicines via the Pharmaceutical Price Regulation Scheme so did not merit a reduction in the discount scale.

Stephen Axon laid blame for "rural mayem" on FHSAs

Rural mayhem

Speaking on "Rural mayhem", Stephen Axon, PSNC secretary, said many of the problems over rural dispensing had arisen because 98 different family health services authorities were now responsible for interpreting the Regulations, rather than the Rural Dispensing Committee which had managed to settle disputes with much less acrimony.

Problems had arisen over interpretation of the requirement that dispensing applications should not prejudice the proper provision of medical or pharmaceutical services. The RDC was clear that prejudice related to the medical services provided by GPs and the pharmaceutical services provided by pharmacists.

But some FHSAs had taken into account prejudice to the pharmaceutical services provided by doctors, which was "manifest nonsense." Unlike GPs, pharmacists could provide services for all patients, not just some patients, together with other pharmaceutical services besides dispensing. So it was clear that the pharmaceutical service could not be prejudiced by a pharmacy opening in a rural area.

FHSA view of pharmacy

Eddie Herbert, Devon FHSA general manager, caused an indignant — but friendly — response from contractors with his talk entitled "Why are pharmacists so difficult to deal with?"

He said he was getting two or three phone calls a week from patients complaining that local pharmacists had been unable to supply various prescription items. He was worried by this because it was the first time the FHSA had received such complaints.

Members of the audience were surprised at his allegation that they might be keeping inadequate stocks and suggested he informed the LPC as soon as problems occurred. After further accusations that pharmacists were not becoming sufficiently involved in health promotion and that communication between pharmacists and the FHSA were not what they might be, Mr Herbert received several invitations from pharmacists to spend time in their pharmacies.

Mr Herbert also said the FHSA was worried about the high cost medicines that many dispensing doctors seemed to be supplying and these are to be investigated further.

He thought that all outlets where dispensing was carried out — pharmacies as well as doctors' surgeries — should have a voluntary code of practice. The FHSA would involve the LPC in deciding what should come under the code, for example, training of dispensers and time taken to supply the medicine.

Businessnews

Seton buy Cupal and rights to Betadine

Seton Healthcare Group have conditionally agreed to acquire the Blackburn-based OTC manufacturer and distributor Cupal Ltd for approximately £8.2 million, comprising £6.8m in cash and 500,000 shares.

Cupal are a private company with 150 employees. Over half of current sales come from their OTC brands: Meltus, Cupanol and Cuprofen. Seton believe there is "considerable potential" for these and Cupal's other smaller brands — the company holds 70 product licences — and also to increase the volume of own label production for leading retailers.

Seton say existing distribution arrangements will continue, although there will be some rationalisation and economies of scale. Seton intend to maintain and develop operations on the Blackburn site.

In the year ended December 1991 Cupal achieved a trading profit of £581,000 (before tax and directors' emoluments) on turnover of £5.7m. The company's net assets as at June 30 were £3.1m but are expected to be approximately £2m after dividends and completion expenses are taken into account.

The acquisition is in line with Seton's strategy of building a branded healthcare portfolio. The Blackburn facilities will add complementary manufacturing processes to those already handled by Seton in Oldham and Bootle.

Sales up 16pc to £17.8m
Pre-tax profit up 43pc to £2.1m
EPS up 30pc to 6.1p
Dividend up13pc to 1.7p

Seton have also agreed to buy the UK and Eire manufacturing and distribution rights for the Betadine range of antiseptic products from the Dutch licence holder Ladenburg.

Seton will pay a total of £2m for the licences, know-how, plant and trade marks in three instalments: £1m was paid last week. In addition Seton will pay a royalty of 15 per cent on sales in the first five years of the contracts.

Turnover of Betadine products for the eight months to August 1992 in the UK and Eire was £1.3m. Seton believe the range is capable of achieving a gross profit margin in the region of 45 per cent under their control, and that their overheads will not be significantly increased as a result of manufacture and distribution.

Seton last week announced a one for four rights issue, priced at 240p, to raise £13.1m. The money will finance the acquisition of Cupal, the initial payments for Betadine, and help reduce borrowings to about £2.5m to give a gearing of 15 per cent.

Interim results for the six months to August show Seton's profits before tax up 43 per cent at £2.127m (1991 £1.49m) and earnings per share up by 30 per cent to 6.1p.

After adjustment for disposal of US activities and discontinuance of their French business last year, sales increased 16 per cent to £17,834 and operating profit by 35 per cent to £2.477m inclusive of acquisitions.

The company has recently completed a £1m expansion of its manufacturing facility for topical pharmaceuticals at Bootle.

S&N part with Nivea for £46.5m

Smith & Nephew have sold their Nivea trade mark to the German company Beiersdorf AG Hamburg for a cash consideration of £46.5 million.

For many years the Nivea brand has been owned by S&N in the UK, the British Commonwealtth and South Africa, and by Beiersdorf in the rest of the world. Both companies now believe that the success of the brand will be best achieved by Beiersdorf having worldwide ownership and by S&N continuing to distribute the brand in its existing consumer markets.

The agreement provides that S&N will continue to sell and distribute the Nivea range on commercial terms into the next century with Beiersdorf taking over responsibility for R&D, brand marketing and production (except in Autralia and South Africa where S&N will continue to manufacture under licence).

S&N's total sales of Nivea products amounted to £20m for the last calendar year.

Healthcare keeps AAH interims on right track

Turnover for AAH Holdings increased from £605.7 million to £679.7m year-on-year in the first six months, due to an 11 per cent rise in healthcare sales to £564.2m.

Pre-tax profits for the group are also up, rising almost 11 per cent to £17.5m. Trading profits in the healthcare services division were up 13 per cent, to £13.9m.

In his chairman's statement Bill Pybus said: "Last year's withdrawal by a significant competitor, Medicopharma, from the UK market and the steps we took to benefit from this had a positive impact on sales and profits.

"Gross turnover including sales handled for Glaxo advanced 24 per cent and the trading profit rose 20 per cent to a new record in the healthcare services division, with UK wholesaling providing the main contribution.

"A satisfactory conclusion of our negotiations with the Office of Fair Trading obviated the requirement to dispose of certain assets in Scotland that we had acquired from Medicopharma. This removed an obstacle from our planned branch rationalisation programme, which will continue over several years alongside the introduction of new capacity."

Sales up 12pc to £680m
Pre-tax profit up 14pc to £19.7m
EPS up 1.3pc to £15.4m
Interim dividend up 7.5pc to 5.8p

Despite all the good news earnings per share was up only 1.3 per cent to 15.4p. Average net debt for the company has also increased significantly, rising from £26.8m in the first half of last year to £42m from 1992. Interest cover has dipped from 11.5 times to 9.1.

An interim dividend of 5.8p has been declared, up 7.4 per cent.

Government fights shy on Sunday trading

Home Secretary Kenneth Clarke has announced the Government's proposals for a Sunday trading Bill. But instead of taking a decisive position, the Government intends to offer a number of alternatives.

Mr Clarke said: "The question is not whether there should be reform, but what that reform should be."

In what is described by the Home Office as a "fresh approach" to the problem, Mr Clarke intends to put three options to Parliament: total deregulation, partial deregulation, and a shop-based scheme generally prohibiting Sunday opening but allowing a limited range of shops to trade.

Mr Clarke said: "There is no body of opinion that finds the existing law wholly satisfactory. Everyone from Sabbatarians to deregulators is critical of some aspects of the Shops Act 1950.

"But there is a very widespread of opinion about how it ought to be reformed."

In essence, the choice before the Commons will be between total deregulation, the proposals of the Shopping Hours Reform Council and the position of the Keep Sunday Special Campaign.

The Government intends to provide protection for existing shopworkers so they cannot be compelled to work on Sunday. However, this is not intended to cover future employees.

In any event, no Bill will be introduced before the European Court of Justice has given judgment on the legality of the Shops Act 1950. This is not now expected until January.

The Lord's Day Observance Society welcomed the statement and said: "We believe that, during the consultation period, as the facts about Sunday trading emerge, there will be a strong swing in opinion against it."

The Shopping Hours Reform Council has called on MPs to to support their policy of all day opening for small shops and limited hours for larger shops.

● In Parliament, safeguards for new staff are expected to be the central issue when proposals are debated. Labour MPs fear the Government will impose a whip on Conservative MPs when the key provisions are discussed.

Numark announce new chairman

Sandy Young is to be chairman of Numark. He is managing director of wholesale member L. Rowland & Co and owned two pharmacies in Namibia from 1969 to 1976.

"I will view whatever we do through my background of community pharmacy," he said.

He paid tribute to his predecessor, outgoing chairman Douglas Low of John Hamilton Pharmaceuticals, especially his work following the "disastrous" collapse of Medicopharma UK.

Terry Norris, Numark managing director, said the decision to elect Mr Young was unanimous. "Sandy is well liked and enormously respected by our membership."

Mr Young's experience includes veterinary hospital and locum work in South Africa. In the UK he served on the Clwyd Family Practitioner Committee and as chairman of his local pharmaceutical committee.

Survey

A survey of retail members will help Numark plan for 1993. Some 25 members replied to questions face to face while 128 were asked by telephone. The survey covered 10 per cent of the membership.

Numark have reorganised their own brand distribution, appointing contract distributors Pinnacle Storage of West Hallam, Derby, as central distributors for the UK.

"We are aiming to provide 96 per cent service levels to retail members," said Mr Norris. "We regard 80 per cent as doing well currently."

Beneficiary

"Northern Ireland will have the same delivery as everyone else. They are in the worst situation at present, but now they will be able to have a weekly mixed pallet load. I expect them to be one of the main beneficiaries of the new arrangement."

There will be no cost to retail members of Numark; wholesale members and manufacturers will each contribute part of their margin to fund the operation.

Numark have also decided to relaunch their EPoS service in 1993, incorporating a modified *C&D* Price List instead of a listing of their own. It will be backed up by an in-store training programme. Hardware prices are 20 per cent down, say Numark.

The voluntary trading organisation (VTO) is also planning a February launch for a local marketing package focusing on major OTC brands. Numark admit that supermarkets and drug stores have been successful in promoting OTC medicines, and this is their counterpunch.

The scheme, which includes local newspaper, radio and door-to-door leaflet drops in targeted localities has been successfully trailed in Norwich by East Anglia Pharmaceuticals.

"We plan to roll this format out in different parts of the country," say Numark. Pharmacists will meet the cost of leafleting their own specific catchment area and printing personalised leaflets. Other costs will be picked up by local wholesalers and Numark central office.

Merchandising

Numark have launched a window display unit for small windows. The pharmacist is mailed suitable posters linking to Numark promotions every three months. The unit costs £65 plus VAT.

The wholesaler has also introduced a leaflet dispenser to hold the nine sets of healthcare leaflets which Numark are producing on subjects such as ailments in children and healthy eating.

The VTO have also introduced a catalogue of merchandise to help the elderly and infirm. Interested customers will be able to browse through the catalogue in the pharmacy or purchase a copy for 50p. Orders are passed by Numark to suppliers Wilkinsons Healthcare.

● Stephen Sims, a joint managing director of Sangers (Northern Ireland) has been appointed to the Numark management board following the retirement of Charles Wragg at the end of December.

Tony Gentle becomes the new retail services manager following the retirement of Phil Duckworth in October, while Susan Ashcroft becomes own brand manager. She will be responsible for researching and developing own brand products.

Mawdsleys, who claim to be the third largest UK full-line wholesaler, have joined the British Association of Pharmaceutical Wholesalers. Pictures are (l to r): James Salt, financial director; Michael Watts, BAPW director; md managing director Dennis Mawdsley; Donald Cuttenden, marketing director

Coming Events

Monday, December 7

Southampton & District branch RPSGB "Air pollution — our health at risk?" by Professor S. Holgate. Meeting at 7.30pm for 8pm.

Tuesday, December 8

Leicestershire branch RPSGB Christmas quiz at 7.30pm for 8pm in the Post Graduate Medical Centre, Leicester Royal Infirmary.

Stirling & Central Scottish branch RPSGB "Memories of Thailand" by Mr Peter Record. The Royal Hotel, Bridge of Allan, 8pm. Buffet supper courtesy of Smithkline Beecham.

Cardiff and South Glamorgan branch RPSGB Joint social evening with Gwent branch. Skittles match at 7.30pm in the Nalgo Club, Cwmbran.

Banff, Moray & Nairn branch RPSGB Social night sponsored by APS Pharmaceuticals

Lanarkshire branch RPSGB "Operation Lamina 1991" by Jill Kilgour, pharmacist, Monklands District General Hospital at 7.30 for 8pm in Wetherby's Restaraunt, Hamilton.

Wednesday, December 9

South Staffordshire branch RPSGB "Drugs & the Police" by WDC Dawn Holmes, Staffordshire Police. Civic Hall Lichfield, 7.30 for 8pm. Buffet.

Friday, December 11

Slough & District branch RPSGB "Health control at airports" by Dr E. Jones, Airport Medical Officer, Health Control Unit, Heathrow Airport, Middlesex. The Boardroom, Wrexham Park Hospital, Slough, 8pm. Buffet from 7.15pm.

Philip Harris interims boost

Philip Harris have increased their sales by 13.9 per cent to £41.7 million, boosting profits by a healthy 29 per cent to £806,000 in the six months to September 30.

Much of this is due to the success of the medical division, which increased turnover by more than 19 per cent to £30.2 million. Its operating profit rose 51 per cent to £670,000.

However, turnover for the company's education and scientific division remained fairly static at £11.5 million. Increased sales in educational were offset by a "difficult period" for the scientific business.

Robert Jordan, the company chairman, commented: "Our medical division continues to make satisfactory progress, having improved market share following the acquisitions of both Proctors and Folidays.

"In spite of the generally difficult trading conditions and sluggish UK economic climate which have reduced demand for our education and scientific division, market share will be maintained." An interim dividend of 2.2p has been announced.

Fines for refusing to supply?

Government proposals may lead to fines for dominant suppliers who refuse to supply pharmacies and other retail outlets.

A consultative Green Paper outlines three options for dealing with powerful companies who abuse their market powers

The consultation period ends on February 12, 1993 and representations will then be studied. A ban on the abuse of dominant market power in accordance with the EC approach seems the most likely outcome.

Law on good practice

Regulations due on December 11 implement in part EC Directive 91/356 on the manufacture of medicines for human use.

The Medicines (Standard Provisions for Licences and Certificates) Amendment Regulations 1992 (SI 1992 No 2846, HMSO £1.90) lay down good manufacturing practice for manufacturers in the EC and importers of medicines into the Community. The requirements include setting up quality assurance systems, recall facilities and keeping records.

The Medicines (Manufacturer's Undertakings for Imported Products) Amendment Regulations 1992 (SI 1992 No 2845, HMSO £1.05) specify additional conditions to the undertakings given by manufacturers of imported medicinal products when applying for product licences.

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MMC INQUIRY INTO FINE FRAGRANCES

The Monopolies and Mergers Commission have been asked by the Director General of Fair Trading to investigate the supply of fine fragrances for retail sale in the United Kingdom. The Commission now invite evidence from anyone having information or views on any aspect of the supply of fine fragrances, including price and availability.

Anyone wishing to obtain a copy of the full terms of reference, or to submit evidence should write to: The Reference Secretary (Fine Fragrances), Monopolies and Mergers Commission, New Court, 48 Carey Street, London WC2A 2JT.

Any evidence should be submitted by 31 December 1992.

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1674 **NORTH WALES COAST**
Community pharmacy situated in prime trading position in popular North Wales coastal resort Sales year ended 30 4 92 £450,000 Gross profit at 26.3% £118,421 NHS monthly average 2250 items Tenure – leasehold Price for goodwill, fixtures and fittings £285,000 plus stock at valuation
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1918 **YORK**
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1939 **NORTH EAST COAST**
Substantial community pharmacy situated in prominent trading position of North East coastal resort Projected sales year ending 31 12 92 £550,000 Gross profit at 24 6% NHS monthly average 4400 items Tenure leasehold Price for goodwill, fix and fittings £250,000 plus stock at valuation
CONTACT LEEDS OFFICE

1956 **LINCS**
Old established village pharmacy Spacious living accommodation Extensive garden with development potential Turnover £170,000 NHS items average 1560 per month Freehold property £120,000 Offers for goodwill plus stock at valuation £20,000 approx
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1957 **NORTH STAFFS**
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1974 **WEST MIDS**
Branch pharmacy in spacious premises with scope for increase under owner management Turnover £190,000 NHS items average 1900 per month Freehold (with former LA) at £75,000 or lease considered Offers for goodwill around £80,000 plus stock at valuation.
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1978 **WEST MIDS**
Turnover £200,000 NHS items average 2,000 per month approx 9 00am 7 00pm Half day Saturday Attractive, modern central heated, main road shop with former living accommodation Freehold £75,000 Offers for goodwill, fixtures and fittings around £65,000
CONTACT WALLSALL OFFICE

1983 **CARDIFF**
Branch pharmacy serving pleasant residential area Turnover £180,000. Gross profit £46,240 NHS items 1100 items per month Easy hours Scope for increase Lease at £9 500 includes 2 bed flat Price asked £30,000 for goodwill, lease I&I plus stock at valuation.
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1988 **RENFREWSHIRE**
Long established, easily run community pharmacy with low overheads. Ideal for first time buyer Turnover 30 9 92 £194,267 NHS items average 1,550 per month Leasehold Offers invited for goodwill, I&I plus SAV Finance may be available to suitable purchaser
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1987 **SOUTH EAST GLASGOW**
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1989 **EDINBURGH**
Long established community pharmacy with Health Centre shares Turnover 31 08 92 £179,762 Gross profit £55,576 NHS items average 1,200 per month Rare opportunity for first time buyer to purchase Offers invited for goodwill, fixtures and fittings Plus freehold property Plus SAV Finance may be available to suitable purchaser
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1892 **CORNWALL**
Popular seaside location Excellent living accommodation Turnover approximately £243,000 NHS approximately 1,974 items per month New lease or freehold available Price for goodwill F&F £125,000 plus SAV
CONTACT BOURNEMOUTH OFFICE

1913 **HANTS/SURREY BORDER**
Well established pharmacy Opposite doctors surgery Turnover approximately £360,000 NHS items approximately 2,800 per month New lease No immediate opposition Price for goodwill, fixtures and fittings £175,000 plus SAV
CONTACT BOURNEMOUTH OFFICE

1961 **SOUTH HAMPSHIRE**
Twixt New Forest and coast Popular village pharmacy with good living accommodation available if required Turnover approximately £200,000 NHS items 1,900 items per month New lease Price for goodwill, fixtures and fittings £70,000 plus stock at valuation
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1941 **MIDDLESEX**
Long established pharmacy run under management, very easy opening hours, estimated t/o £115,000 based on 600 items p m Reasonable outgoings £20,000 for goodwill, lease fixtures and fittings plus SAV
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1952 **CAMBRIDGESHIRE**
Situated on outskirts of town centre Genuine retirement sale Estimated turnover £310,000 Items approximately 2000 per month 5½ day week Densely populated area Quick sale required Hence £120,000 for goodwill, lease, fixtures and fittings plus stock at valuation
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1964 **ESSEX/EAST LONDON**
Long established pharmacy in main road location Estimated turnover £305,000 High gross profit Average items 2300 per month Freehold available Genuine retirement sale Accommodation above Reduced for quick sale Price asked £115,000 for goodwill, fixtures and fittings plus SAV Freehold at valuation.
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ENGLISH ROSE GIFT SET	8.95	3.95	.....
ENGLISH ROSE COL SPRAY	5.50	2.50	.....
ENGLISH ROSE SOAPS x 3	4.95	2.50	.....
FREESIA TALC 100GM	2.85	1.45	.....
LAVENDER TALC 100GM	3.25	1.75	.....
LAVENDER 30ML SPR & TALC	7.95	3.95	.....
LAVENDER SOAPS x 3	4.95	2.95	.....
MISS DIOR 30ML EDT SPRAY	18.00	10.95	.....
CHARLIE 100GM EDT SPRAY	14.95	6.95	.....
PAGAN 25ML COLOGNE SPRAY	5.95	3.50	.....
ROSES TALC 150GM	3.85	1.99	.....
ROSES SOAPS x 3	4.95	2.25	.....
SWEET PEA TALC 100GM	2.85	1.50	.....
SPRING FLOWERS TALC	2.85	1.50	.....
SPRING FLOWERS SOAPS x 3	4.95	2.50	.....
LILY O VALLEY TALC 160GM	3.75	1.99	.....
TWEED 30ML PDT SPRAY	8.50	3.95	.....
TWEED 50ML SPRAY	6.95	3.50	.....
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3 White Linen. 30ml Sp.	25.00	15ml Sp.
2 White Linen. 60ml Sp.	34.00	WITH EVERY
3 Cinnabar. 30ml Sp.	21.00	ORDER
1 Private Collection. 30ml Sp.	32.00	★ ★ ★ ★ ★ ★
3 Knowing. 30ml Sp.	34.00	*OVER 100*
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About people

Barnet walk raises £5,000 for Mayor's hospice appeal

A sponsored walk, organised annually by Pharmco Chemist, Edgware, has raised more than £5,000 for the Mayor of Barnet's Appeal.

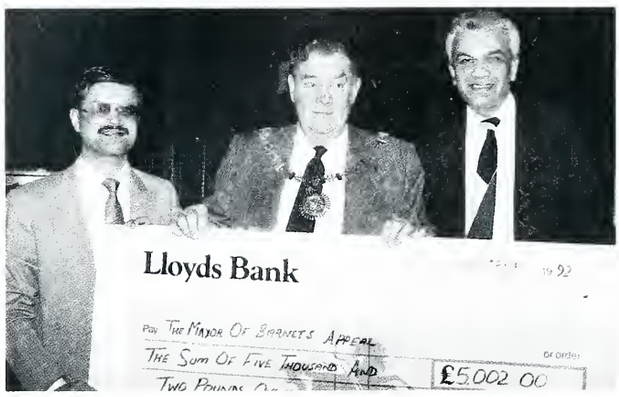
This year's Mayor's Appeal was in aid of a day hospice in Barnet for cancer patients and staffing costs for two additional Macmillan nurses who are specially trained to help both patients and their families.

This is just one of a large number of fundraising projects that pharmacist Popat Shah has been involved in. During the past 17 years Mr Shah, his family, friends, customers and business associates have raised nearly £200,000 for local charities and the Oshwal Community Centre in Potters Bar.

The walk was given strong supported by Sigma Pharmaceuticals. Their director, Bharat Shah, who was one of the walkers, joined Popat Shah and other members of the Oshwal Community at the Town Hall in Hendon for the presentation of the cheque.

At the presentation the Mayor of Barnet, Councillor Fred Poole, thanked the group for "a splendid effort" and paid tribute to the support which Oshwal members give to the local community.

Mr Shah said the group were pleased to contribute and "the Mayor's Appeal is an important aspect of civic and community life".



Edgware pharmacist Popat Shah (right) and Bharat Shah (left), director of Sigma Pharmaceuticals are pictured presenting the Mayor of Barnet, Councillor Fred Poole with a cheque for £5,002, the proceeds of a sponsored walk in aid of the Mayor's Appeal for Cancer Care and the Macmillan Nurses

Society lauds 12 new Fellows

The Royal Pharmaceutical Society has designated 12 pharmacists as Fellows. The decision was ratified at a meeting of Council on Wednesday.

For distinction in the profession of pharmacy:

Edward Bowler, Nantwich, Cheshire. General manager for Northern Europe, The Wellcome Foundation Ltd.

Robin Brown, Warrington, Cheshire. Community pharmacist and member of Cheshire FHSA.

Rosalind Coulson, Reading, Berks. Group manager within the pharmacovigilance busines of the Medicines Control Agency.

John Irvine, Largs, Ayrshire. Community pharmacist and former member Scottish Executive, RPSGB.

David Okpako, Ibadan, Nigeria. Professor of pharmacology and former dean, faculty of pharmacy, University of Ibadan.

John Padfield, Middlesex. Managing director, Glaxo Manufacturing Services.

Colin Virden, Edinburgh. Secretary to the Pharmaceutical General Council.

For distinction in the practice of pharmacy

Mohamed Aslam, Nottingham. Lecturer in clinical pharmacy, University of Nottingham.

John Farwell, London. DPho, City of Hackney Health Authority. Chairman, College of Pharmacy Practice.

For distinction in the practice and profession of pharmacy

V'lain Fenton-May, Cardiff. All Wales specialist principal pharmacist for quality assurance.

For distinction in the science of pharmacy

John Fozard, Basel, Switzerland. Senior scientist, cardiovascular core group, preclincial research, Sandoz Pharma Ltd.

Raymond Rowe, Congleton, Cheshire. Senior scientist, physical sciences section manager, ICI Pharmaceuticals.

Mr Graham Close of Staveley Chemists, Wolverhampton was one of seven regional winners in a Summer Promotion sponsored by Paracodol from Fisons Consumer Health. He is pictured receiving his prize of a JVC Camcorder from Emma Reid, Fisons Consumer Health territory manager

Help for Somalia

Pharmacists are being called upon to help alleviate the the suffering of the population of Somalia.

The Association for the Relief and Medical Aid (ARMA) is a registered health charity set up by two pharmacists. It has launched its "Appeal for the Somali people" and is seeking funds to help finance its activities in Somalia.

ARMA supplies essential medicines to hospitals and rural clinics and is in the process of publishing a village healthcare handbook in Somali to help train health workers. The organisation also needs medicines, laboratory equipment and bedding.

ARMA chairman, pharmacist Ahmed Mohamed says: "We are appealing for financial help; we would be grateful for any help whether great or small. If any pharmacy would like to collect on our behalf, we can send them a collection box."

To donate or obtain further information contact Ahmed Mohamed on 081-659 7745.

Appointments

The Wellcome Foundation have appointed **Bill Collier** as director of sales and marketing for the UK ethical and consumer divisions, based at Crewe in Cheshire.

Claire Perry has been appointed chief executive of Bromley Health. Ms Perry was formerly one of the Commissioning Directors of the South East London Commissioning Authority.

Totes (UK) Ltd have appointed **Simon Hibbs** as brand manager with responsibility for the Totes' collection of sunglasses and umbrellas, and **Karen Robinson** as marketing manager.

Chairman and managing director of Rhone-Poulenc Ltd, **Dr Keith W. Humphreys,** has been elected president of the Chemical Industries Association.

Davina Health and Fitness have appointed **Jack Romano** as marketing manager, **Steve Richmond** as financial controller, and **Ade Adelano** as field sales manager, for the Greater London area.

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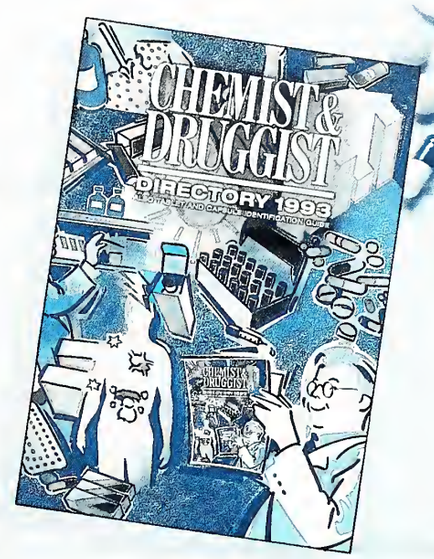

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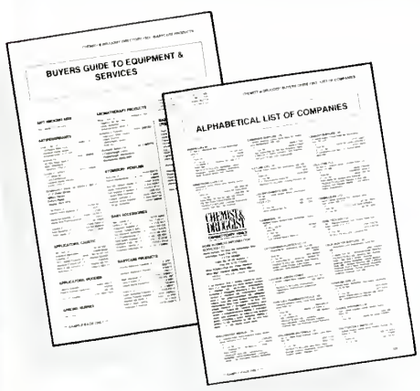

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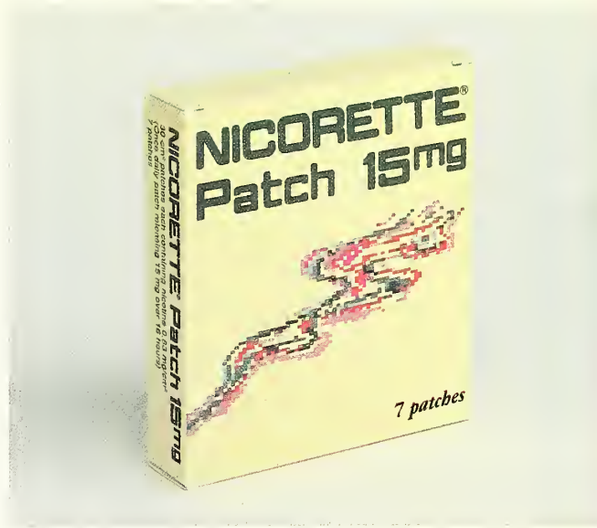

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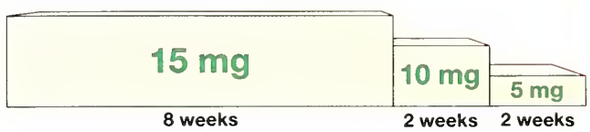

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